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# SANITARY AND MEDICAL REPORT

ON THE

# GOLD COAST COLONY,

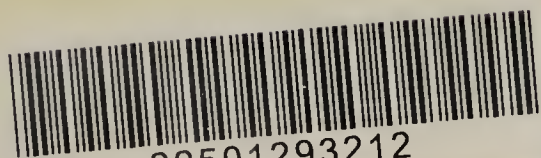
FOR THE

YEAR ENDED 31ST DECEMBER, 1893.



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1893



# SANITARY AND MEDICAL REPORT

ON THE

## GOLD COAST COLONY,

FOR THE

YEAR ENDED 31ST DECEMBER, 1893.



### PART I.

#### GENERAL HEALTH OF THE COLONY.

1. The general health of the Colony was very bad during the first half of the year, as evidenced not only by the high rate of mortality and the severity of cases of illness among both Europeans and Natives, but also by the condition of continued physical depression, malaise, with frequent slight attacks of illness, which prevailed throughout the period.

2. Coincident with the advent of the Harmattan in the latter part of December, 1892, a wave of sickness was experienced, particularly at Accra, and as the Harmattan season progressed it became more general, increased in intensity, and extended to all classes of the community.

3. To the meteorological conditions prevailing during the December Quarter, 1892, and the period under review I attribute the marked unhealthiness.

4. In the December Quarter, 1892, there was observed a progressive *fall* of the Solar Maximum Temperature; a general low condition of terrestrial minimum temperature and cloudy, over-cast days, with a progressive *increase* of the shade maximum and minimum temperatures, an increased daily range of temperature and relative humidity, the former amounting in December to  $16.67^{\circ}$  F., and the latter to 79% on the average in the same period, with practically no rainfall, producing a most depressing condition of the atmosphere, with a tendency to fevers resulting from chills, and an increased evolution of the malarial poison, owing to the favourable biological conditions for its development and spread.

5. All these conditions were aggravated during the first quarter of the year. The fall of the solar maximum temperature was continued in January, rising later; the minimum terrestrial temperature remained unusually low for the time of the year; the shade maximum temperature fell in January, rising high in February and March; very slight variations of the shade minimum temperature; extreme daily range of temperature remained high; high relative humidity in January, and an unusual amount and distribution of rainfall: greater in January than in the same month during the previous seven years, in February greater than in the same period in the five previous years, and in March less than in any of the preceding seven years.

6. The Harmattan instead of being "cool and dry," as it is classically but erroneously described, was hot and moist. The days were cloudy and overcast, and very little sunshine was observed in January; the early parts of the night were hot and sweltering and the early mornings chilly and misty. The result was a tendency to congestive derangements of the thoracic and abdominal organs, and the fevers assumed a tendency to heart-failure.

7. In the second quarter of the year—the "rainy season" proper—not much variation was observed in the average solar maximum temperature for the period, but the diurnal oscillations were marked; the terrestrial minimum temperature rose and kept relatively high; the shade temperatures varied slightly from month to month, but were practically the same as in the preceding quarter; the extreme daily



range of temperature fell distinctly from  $12.96^{\circ}$  F. in April to  $7.6^{\circ}$  F. in June, the average for the period being  $9.84^{\circ}$  F., as contrasted with  $14.20^{\circ}$  F., in the previous quarter; the relative humidity was high in April and June, but throughout the period it exhibited very marked diurnal associations, agreeing in this respect with the solar maximum temperature, but not apparently much influenced by it. The rains fell heavily in April and May, and in the first week in June; the showers were heavy, but, except in April, infrequent: there were eighteen showers in all, averaging 1.06 inches each. There was noted a remarkable variation in the direction of the prevailing winds both in the mornings and afternoons, there being a tendency to easterly and north-easterly breezes as contrasted with the antecedent period.

8. In *Accra* the general health during the first quarter was very bad among all classes; one European Official died from Bilious Remittent Fever, none were invalided, and many cases of illness occurred. During the second quarter no deaths occurred among European Officials, but two were invalided, and the percentage of illness was greater than in the previous quarter. One death occurred among the non-official Europeans in a patient who had been invalided from Cape Coast suffering from acute dysentery. The health of the native population was very bad also.

9. At *Cape Coast* during the first quarter two Europeans died and one was invalided, although the percentage of sickness was not great. In the second quarter, however, the European sick rate was very high, and almost all the resident European population "suffered from severe forms of Remittent Fever;" two deaths occurred from malarial remittent fever and two were invalided. All the deaths occurred among the non-official Europeans. Here, however, the health of the Natives was reported as "good."

10. At *Elmina* the condition of general health of Europeans throughout the period was bad. During the first quarter the Health Officer reports: "On the average sixteen Europeans resided constantly in the district during the quarter, three officials, the rest non-officials, of whom five were engaged in commerce, and the remainder were Roman Catholic Missionaries. The general health could not have been more unsatisfactory; one official began to suffer from malarial debility until removed to Aburi, four of the five traders exhibited grave and complicated forms of fever, and the missionaries generally suffered from anæmia and intermittent and remittent fevers. The prevalent diseases were Remittent Fever of a serious type, Intermittent Fever, Diarrhœa, Dysentery, Congestion of the Liver, and malarial Anæmia." Two deaths occurred and two were invalided. In regard to the health of the Natives during the same period, the Health Officer writes:—"The general health of the native officials has been fair, and but a few prison officers have been on the sick list, usually for Intermittent Fever or Diarrhœa of a dysenteric character. The health of the native population has been very unsatisfactory; cases of severe bronchitis and pneumonia have been frequent, and in addition to those who died in Hospital, many have died in the town and district from these diseases. As far as I can at present judge Elephantiasis appears increasing. The prevalent diseases were Bronchitis, Pneumonia, Diarrhœa, Dysentery, Syphilis, Yaws, Ulcers, Measles, Diseases of eyes, nose and ears, especially in children. No death occurred among the native officials. The number of deaths in the Colonial Hospital was six, three of whom were Fanti policemen. The result of my inquiries as to the non-official population leads me to think that the death rate was unusually high, even for this time of the year. Causes: Pneumonia, Bright's Disease, Dysentery, and Diseases of the Liver."

11. In his report for the second quarter the Health Officer reports:—"The general health of the European officials has been of the same character as in the previous quarter, fair on the average, and of the non-officials as unsatisfactory as before. Malarial fevers of a complex nature were rife, with attacks of Dysentery, painful Diarrhœa, and acute Hepatitis. Altogether five have been invalided from the station for various malarial disorders and one died. Five Europeans were invalided." In regard to the natives he writes:—"The general health of the native officials has been fair, especially considering the unusual coldness of the season. There have been numerous attacks of Intermittent Fever, Diarrhœa and Bronchial Catarrh, but nothing occurred of a serious character except a case of Cystitis in a Prison Officer, who was on that account invalided out of the service. The health of the native population has been unsatisfactory, fatal cases of Bronchitis, Pneumonia and Dysentery being unusually frequent. In addition to these the prevalent diseases were Diarrhœa, Syphilis, Yaws, Ulcers, Diseases of the eyes, nose and ears, especially in children, Struma and Rheumatism."



12. At *Kwitta* the general health was fairly good during the first quarter, only one European died out of a total resident population of forty, and the health of the natives was reported as "good". In the second quarter, however, things were much altered. The Health Officer reports in regard to the health of Europeans: "The general health was very unsatisfactory. Nearly every one of the forty, average number of Europeans residing at this station, was more or less in a state of ill-health, and about the middle of the period the incidence of disease was so excessive that among the community there was a state which I venture to call 'Fever-panic.' There was a general exodus of German residents towards the supposed healthy sea-side town of Lome, in Togoland. Unfortunately, however, Togoland was not immune, it shared the effects of the general morbid influences of the period, and the mortality among the European settlers there was not less numerous. Of the refugees from this district to Togoland, one did not return after the wave of unhealthiness had passed off. It is believed that he was attacked by an acute Abscess of Liver, to which he succumbed ultimately after a few weeks' illness. Moreover, I am informed that one German Official and one non-official died from the same cause, and that a German Imperial personage had a narrow escape, having been invalided on account of a similar cause."

13. "At this station one official died from Remittent Fever, complicated with Hepatitis, another was invalided for Acute Congestion of Liver, and a third, non-official, died from Remittent Fever, complicated with Pneumonia after the Fever, giving two deaths out of forty, or a death rate of 50 per 1,000. The prevalent diseases were principally Congestion, Inflammation and Abscess of Liver; Remittent and Intermittent types of Malarial Fever; mild types of skin diseases, Furunculus, Catarrh of the Air passages, and alimentary disorders." Two Europeans died and one was invalided. In regard to the natives, he writes:—"There was much sickness among all classes, but no death occurred among the officials. As regards the non-official population, there was no means of ascertaining the death-rate, but I believe the mortality was high as usual, during the period under review."

14. At *Ada* there were no deaths among the European population during the first quarter, but one was invalided, and the general health of the native population was "good." The health state was very unsatisfactory during the following quarter; one medical Officer had to be transferred to Accra, having suffered from several attacks of Diarrhoea and Intermittent Fever; his successor died shortly after from Abscess of the Liver; another European, invalided to Aburi, died there from the same disease, and all the rest of the European population kept very bad health. The health of the native population was also unsatisfactory during the second quarter.

15. At *Saltpond* the general health among both Europeans and Natives was good during the entire period.

16. At *Winneba* health was bad throughout the period, but especially so during the rainy season.

17. At *Axim* the general health of Europeans was fairly good throughout the year.

18. With reference to special meteorological features observed at the outstations, the Health Officers report:—

(a.) *Cape Coast*.—During the first quarter nothing special, but during the second quarter "the rains began early in April, and during May rains fell in quantities almost every night. There was very little rain during June."

(b.) *Elmina*.—During the first quarter "the prolonged dryness, with heavy dews and mists at night gave sufficient moisture to promote the malarial contagion. The proximity of the lagoon Banyea, the long mud flats of which are exposed by the receding tide, and from which arises a sickening miasmatic odour. Sea-bathing amongst Europeans. Three Europeans bathed for about a month, and all three were stricken with fever, a fourth suffered from Diarrhoea from the same cause. Amongst the natives, insanitary habits, bad food and exposure." During the second quarter the presence of the rains, not continuous, but with lulls, during which there was emanation of the malarial miasm from the soil drying under the rays of the sun, the proximity of the lagoon with uncommonly low tides, which left large mud flats exposed, the emptying of the drains of the new town into the lagoon, which is thus rendered more poisonous and pestilential; amongst the natives insanitary habits, bad food, and exposure to sudden changes in the atmosphere."



(c.) *Axim*.—Nothing special, except that “there was very little rain” during the first quarter.

(d.) *Kwitta*.—Nothing special during the first quarter. As regards the second quarter, however, the Health Officer writes:—“To give an ‘ensemble’ of all the conditions to which the prevalent diseases were due, requires a careful study of the climate of the Volta basin, which, I maintain, has a special feature of its own. Kwitta, from its littoral position, might have enjoyed better health and all the advantages of a maritime climate, but unfortunately this is injuriously modified by the influence of the Lagoon. The onset of the rains was late this year, few and far between, and it is not improbable that, *inter alia*, the intense and persistent heat which prevailed during the first half of the period, throwing a physiological strain on the Liver, skin and digestive system, rendered these organs more susceptible to attacks of severe and fatal diseases. Following this immediately, came the showers of rain, causing swamps and marshes very injurious to health.”

(e.) *Ada*.—Nothing during the first quarter, but as regards the second quarter the Health Officer writes:—“The rainfall has been very irregular during the past rainy season. Perhaps this may have had something to do with the increased amount of sickness prevailing.”

(f.) *Salt Pond*.—“The weather during the first quarter was very fine especially during the latter end of the period.” During the second quarter the rainfall was rather heavy and began earlier than usual.”

(g.) *Winneba*.—During the first quarter “the weather was very hot and the atmosphere moist, with very little rain.” Nothing special was observed during the second quarter.

19. During the latter half of the year there was a general improvement in the condition of public health all along the coast, notably at Elmina and Kwitta, except just towards the close of the year, on the advent of the Harmattan season of 1893-94, which set in about the middle of November.

20. During the third quarter the general health of both European and native population was satisfactory. One European died at Cape Coast and three were invalided from that station; no deaths among Europeans occurred at any of the other stations; one European was invalided from Axim.

21. Very heavy rainfall was experienced all over the Colony during this period, with low temperatures and cool atmosphere. At the Observatory at Accra the following meteorological conditions were observed: a high percentage of relative humidity, a slight fall in the solar maximum temperature, a distinct fall in the shade maximum and minimum temperatures, a very slight oscillation in the terrestrial minimum temperature and an abrupt cessation of the rains in August.

22. Regarding the year as a whole, it will be seen from the subjoined data that it was a less fatal one for the European community than the previous year, and, as already pointed out, the great majority of the fatal cases occurred during the first half of the year.

23. As contrasted with 1891 the rate of mortality among this class of residents was decidedly high, whereas the invaliding rate shews a distinct fall.

TABLE I.

STATISTICAL SUMMARY OF MORTALITY AND INVALIDING AMONG EUROPEANS ON THE GOLD COAST FROM 1891 TO 1893.

Year.	Total Europeans.	Total Invalided.	Total Died.	Invalided per thousand.	Mortality per thousand.	Remarks.
1891	493	85	16	172·41	32·71	Two died at sea who were invalided.
1892	421	56	36	133·01	61·75	
1893	436	20	24	45·87	55·04	
Grand Total	1,350	161	76	351·29	149·50	
Averages	450	53·6	25·3	117·09	49·83	



TABLE II.

TABLE SHEWING MORTALITY RATE AMONG THE CLASSES OF EUROPEAN RESIDENTS ON THE GOLD COAST FROM 1891 TO 1893.

Class.	Years.			Remarks.
	1891.	1892.	1893.	
Official ... ..	30·76	36·3	31·25 pr. 1,000	
Non-official ... ..	32·71	70·73	64·93 „	

TABLE III.

TABLE SHEWING INVALIDING RATE AMONG THE CLASSES OF EUROPEAN RESIDENTS ON THE GOLD COAST FROM 1891 TO 1893.

Class.	Years.			Remarks.
	1891.	1892.	1893.	
Official ... ..	153·8	100·0	78·12 pr. 1,000	
Non Official ... ..	175·2	141·4	32·46 „	

TABLE IV.

TABLE SHEWING INVALIDING RATE AMONG THE MINING POPULATION ON THE GOLD COAST FROM 1891 TO 1893.

Year.	Mortality.	Invaliding.	Remarks.
1891	27·2	324 pr. 1,000	
1892	157·8	381 „	
1893	121·21	242·42 „	

TABLE V.

COMPARATIVE DEATH-RATE OF VARIOUS CLASSES IN 1893.

Class.	Mortality.	Invalided.
Total Government Officials ... ..	31·25	31·25
„ Europeans at Kwitta, including Govt. Officials ...	75·00	20·00
„ Basel Missionaries ... ..	76·92	12·82
„ Catholics ... ..	115·38	115·38
„ Residents at Elmina and Cape Coast (including Govt. Officials and Catholics) ... ..	114·28	85·71
„ Mining Districts ... ..	121·21	242·42

24. From the foregoing data, it will be seen that taking the classes of Europeans separately, the mortality and invaliding was, as heretofore, distinctly less among the officials than among the non-official residents.

25. Among the latter the highest rate of mortality and invaliding was as in the previous year, in the mining districts of Tarkwa and Axim, *i.e.*, taking all the cases of deaths from diseases and accidents.

26. The Catholic Missionaries suffered heavily, both in the rate of mortality and in the frequency and severity of illness among them.

27. Kwitta maintained its old bad reputation, as well in the large rate of mortality, as in the prevalence of sickness.



28. In his Sanitary Report for the year ended 31st December, 1891, my predecessor wrote:—"Although the death rate last year among the Commercial Europeans at Elmina and Kwitta was, owing to local climatic and other influences, abnormally high, respectively 12·50 and 15 per cent. or 125· and 150· per thousand, the death-rate of the total number resident in the protectorate, was low. Out of a total of 428 residents during the year 14 died and 75 were invalided, thus giving a death-rate of only 3·27 per cent. or 32·71 per thousand. The number invalided was 74, which gives a percentage of 17·52. 47, or more than half of this invaliding occurred in the gold mining district of Tarquah, where out of 148 residents during the year 4 died, making the very low death-rate in that District 2·72 per cent. The high invaliding rate, however, of 32·4 per cent. must be taken as a set-off against the low death-rate, for had the patients who were invalided been allowed to remain in the country, they would most assuredly have died. No European is ever invalided from this Coast unless he is either found physically or mentally unfit for service, or whose life is in imminent danger from grave sickness.

29. "Low as the death-rate was among the Commercial Europeans, that of the official Europeans was still lower. Out of a total of 65 residents during the year 2 died and 10 were invalided. Of the latter 2 died at sea, and therefore I do not include them in our death-rate, which was 3·07 per cent. or 30·76 per 1,000. The invaliding rate was 15·38 per cent.; the remark above made on invaliding of course applies here also."

30. In my annual report for 1892 I wrote:—"In reviewing the return of officials who have died or been invalided (3c. II. of Form W. appended), it will be seen that of the four deaths, three occurred in the second quarter of the year and one in the last quarter—all from malarious disease except one of the former, viz.: Dr. Edghill, who died from *Tabes Mesenterica*. Of the eleven cases invalided during the year, 4 occurred during the first quarter, 5 during the second, and 1 each during the third and fourth quarters. Among those invalided was an officer who arrived in the Colony on the 24th of May, and was invalided on the 30th May for alcoholism.

31. "On the whole the year was by no means a very unhealthy one for European Officials."

"Among the non-officials the mortality and invaliding varied greatly in the several districts. There were no deaths in the Accra, Elmina, Winnebā, Ada and Akusi Districts. The exceptions in regard to the Elmina and Akusi Districts are certainly noteworthy. Of the total number of deaths, viz., 22, no less than 12 were contributed by the mining districts of Axim (4) and Wassaw (8), whereas Kwitta maintained its old bad reputation with a contribution of 7, and the Saltpond and Cape Coast Districts 2 each. In regard to invaliding, the Mining Districts again headed the list with a total of 29 cases (Axim 12, Wassaw 17) out of a total of 45 invalided."

32. Whatever the contributory causes of illness among the mining population may have been, it cannot be denied, nor must it be overlooked, that most of the mines are situated in the midst of swamps and in localities most malarious at all times of the year.

33. It is interesting to note that, taking together the total numbers of deaths and of invaliding during the three years 1891-93 among European Government Officials, there has been a progressive improvement in the mortality and invaliding rate—

Thus in 1891 total	65, invalided and died	12 = 184·61 per 1,000
" " 1892 "	110, " " "	15 = 136·36 " "
" " 1893 "	128, " " "	14 = 10·93 " "

34. In regard to the outbreak of Small-pox in an epidemic form during the latter half of the year, it would appear that at Accra and Elmina, isolated cases of the disease were under treatment during the first quarter in the Contagious Hospitals at those stations. At Elmina the admissions were in January, 1 case, February, 3 cases and in March, 2 cases. Nowhere else within the littoral were cases of Small-pox reported. The origin was obscure and the limited spread was confined to members of the families of the first patient infected. In the second quarter there were 2 cases in Accra; nowhere else along the littoral except at Elmina, where 2 cases were admitted in April and 1 in May. In June there was not a single fresh case reported along the littoral.

35. In the early part of July, however, the disease assumed an epidemic form, appearing first at Cape Coast and assuming a virulent confluent type. The first case was admitted into the Contagious Hospital on the 7th July, shortly after the disease



broke out at Kwitta, most probably imported from Cape Coast; from Kwitta the infection spread to Ada, where the first case (then about 5 days old) was detected and isolated. A few cases also occurred at Elmina, Accra and Saltpond. Lastly it spread to the Winneba District in the latter part of December.

36. The total number of cases treated during the year was 120, made up as follows:—

Accra	.	.	.	6,	with nil death.
Ada	.	.	.	6	„ 1 death.
Cape Coast	.	.	.	24	„ 5 deaths.
Elmina	.	.	.	59	„ 8 „
Kwitta	.	.	.	11	„ 3 „
Saltpond	.	.	.	7	„ nil death.
Winneba	.	.	.	7	„ „ „
Total				120	„ 17 deaths,

or a mortality of 141·66 per 1,000 for the whole littoral.

37. The mortality it will be observed varied largely in the different districts, *e.g.*

at Accra	.	.	.	nil per 1000 of cases treated.
„ Ada	.	.	.	166·66 do.
„ Cape Coast	.	.	.	208·33 do.
„ Elmina	.	.	.	135·08 do.
„ Kwitta	.	.	.	272·72 do.
„ Saltpond	.	.	.	nil do.
„ Winneba	.	.	.	„ do.

from which it will be seen that the rate of mortality was highest at Kwitta, Cape Coast and Ada. This fact is noteworthy in connection with the origin of the disease, for while the evidence is definite as to the spread of the disease to Kwitta and Ada from Cape Coast, the nature of the disease at Cape Coast leads to the belief that it was not imported into that station from Elmina.

38. As regards the source of origin of the disease in an epidemic form, which was first observed at Cape Coast, there is strong suspicion that the disease was freshly imported into the Colony from the Bights. Whatever may have been the source of origin at Elmina and Cape Coast, it appears quite clear as to the spread of the disease at Kwitta and Ada from infection imported from Cape Coast, directly and indirectly.

39. Dr. Papafio, the Medical Officer of Kwitta, writes: I.—“The progress of the outbreak was interesting in one respect, it spread only in one direction of the town, in a straight line leeward along the beach houses and chiefly amongst the Gã and Fanti residents. II.—As to the origin of the outbreak, the first case which occurred here was in a Fanti boy who had then arrived in Kwitta from Cape Coast per the steamship ‘Roquelle,’ but as to where he caught the infection there is no clear evidence, as all the information available on the subject is vague and unreliable; but from the enquiry it would appear as though there was a possibility of the boy having caught the infection before his arrival at Kwitta, probably at the place of embarkation, because he had on board the same steamer as a fellow passenger my private clerk, from Accra, who shortly after their arrival here also developed symptoms and died of the disease in a rather mysterious manner, as deceased had not lived with this boy, beyond the mere fact that he was his fellow passenger and only at the time, when, I presume, the boy had no symptoms of the disease; moreover, the enquiry elicited what afterwards proved to be a fact, that Small-pox was at Cape Coast when the ‘Roquelle’ left there, and as there was no case existing in this district, at least no report of any such, prior to the arrival of the boy, it does appear to me, in the circumstances, that if it were not improbable that the boy caught the infection before he embarked at Cape Coast, then the subsequent development of symptoms of his case, immediately after his arrival in Kwitta, should be regarded as mainly answerable for the general infection which afterwards broke out here.”

40. Dr. Lyons’ report on the progress of the Epidemic at Ada is also very interesting and suggestive. He writes: I.—“The first case, that of a boy named Mama, was discovered on August 18th, 1893. He had then been ill 5 days. The boy came from Kwitta the previous day, being then very sick. Thus the first small-pox case was undoubtedly brought over from Kwitta. The boy had not been vaccinated. He was immediately isolated and placed in an unoccupied house,



“ pending the erection of a bamboo hut. He was removed into this hut on August 20th  
 “ and an attendant was engaged to look after him at the rate of 1s. per diem. His  
 “ attack was a severe one and he was very prostrate for some time, but he gradually  
 “ got better and was discharged cured on September 21st, thus remaining in Hospital 34  
 “ days. On August 19th the boy’s father followed him from Kwitta, taking with him  
 “ some of the boy’s clothing. The clothes he gave in charge of a Basel Mission Canoe-  
 “ man named Sorsie, who kept them until the father removed them next morning. This  
 “ canoe-man Sorsie was unfortunately the next patient.” II.—“On September 8th,  
 “ eighteen days after taking charge of the boy Mama’s clothing, Sorsie was reported  
 “ ill with small-pox. He was immediately taken to the Small-pox Hospital. The house  
 “ occupied by Sorsie and the other canoe-men was thoroughly disinfected and white-  
 “ washed, all old clothing was burned and everything was done that could be, to  
 “ prevent the disease spreading to the other canoe-men. This man had never been vac-  
 “ cinated. He progressed favourably until September 23rd when he was attacked with  
 “ Cellulitis and died two days later, September 25th. Remained in Hospital 17 days.”  
 III.—“The next case occurred in a large compound at the River-side in a place  
 “ known as Okanse’s, where about 50 people reside in one yard. The patient was  
 “ a small boy called Anarto, aged 11 years. The source of the contagion could not  
 “ be discovered. The shed which the boy occupied, along with several others, was  
 “ narrow, badly ventilated, and altogether over-crowded. Every available means was  
 “ taken to check the spread of the disease. The boy’s bedding and clothes were burned.  
 “ The clothing of the other men was disinfected, and the place itself was disinfected  
 “ and whitewashed; after a few days the shed itself was partly pulled down, and  
 “ enlarged and improved. This boy was not vaccinated. He progressed favourably  
 “ although very weak for some time, and was discharged cured on November 23rd.  
 “ Stayed in Hospital 49 days.” IV.—“The next case occurred in the same yard, the  
 “ patient being an elder brother of Anarto. He was taken ill on the 17th October,  
 “ that is twelve days after his brother’s removal. This boy Ezzorh had been vaccinated.  
 “ The infection in his case came, I have no doubt, from his brother. He was removed  
 “ to the Hospital. The attack was a very mild one, and he was discharged cured on  
 “ November 5th after 19 days in Hospital.” V.—“On November 3rd it was reported  
 “ to me that a little girl called Mamley had that morning been brought in from a village  
 “ called Alafanyo, suffering with small-pox. I learned that the child had, along with its  
 “ parents, returned from Kwitta a few days previously. They had been living at  
 “ Jellah Koffee for three months before returning to Alafanyo. This patient, like the  
 “ first, undoubtedly brought the disease from Kwitta District. I had the child placed,  
 “ along with her mother, in the female hut, and made preparations for visiting Alafanyo  
 “ to take steps to check the spread of the disease. Along with the District Com-  
 “ missioner I visited Alafanyo next day. On the way we passed through the village  
 “ of Teye Toffe and Okanse’s village. Both were in a deplorable state of filth, but  
 “ as I understand the Town’s Police Ordinance does not include either village, nothing  
 “ could be done to force the inhabitants to clean them. The village of Alafanyo was  
 “ fairly clean. The hut where the child Mamley lived was very small and dirty, and  
 “ some other children were also sleeping there. I induced the landlord to clean out  
 “ the place, and getting everything in a heap, chiefly lumber, old rags and bedding,  
 “ burned it. When the house was thoroughly cleaned out, I disinfected it with burning  
 “ sulphur, and the landlord promised to keep the place locked up for some weeks,  
 “ and get it white-washed. After going round the village and impressing on the people  
 “ the necessity of cleanliness if they wished to be free from small-pox, we returned the  
 “ same night to Ada.” VI.—“The little girl Mamley had never been vaccinated.  
 “ She progressed favourably all through the sickness and was discharged cured on  
 “ December 14th, staying in Hospital 41 days.”

#### “ REMARKS.

1.—“From a medical point of view, cases Nos. 2 and 4 are interesting as  
 “ pointing out the contagion of small-pox in its earliest stage, even before the  
 “ skin eruption appears. In case No. 2, the contagion was undoubtedly carried  
 “ by the boy Mama’s clothing. Those clothes he had left off wearing (on leaving  
 “ Kwitta) on the 3rd day of his illness, but before any skin eruption appeared.



“ Case No. 4 received the contagion from his brother, who was removed as soon  
“ as discovered, but not before the eruption had shewn itself.”

“Case No. 2 shews an incubation period of 17 days.

" Case No. 4                "                "                12                "

2. "The latter had previously been vaccinated and his attack was a very "mild one."

3. " I also heard that cases of small-pox had occurred near Mlefi, but could learn nothing definite of them. It was also reported that small-pox had broken out at Big Ada, but a house-to-house visitation did not reveal any cases."

“SUMMARY.

41. "Number of patients treated:—

“(a) unvaccinated, 4.

“(1.) Mama in Hospital 34 days.

“(2.) Sorsie (died) „ 17 „

"(3.) Anarto               ,,               49               ,,

"(4) Mamley                 ,,                 41                 ,,

“(b) vaccinated, 1.

"(1.) Ezzorh, in Hospital 19 days.

“Average stay in Hospital of unvaccinated 35 days.

“ ” ” ” vaccinated 19 ”

“Duration of epidemic, August 18th to December 14th, 1893, equal to 119 days.  
“Number of patients 5; Deaths 1.”

42. "In regard to the treatment, preventive and curative, general vaccination of all school children, prisoners, and men of the constabulary force, was ordered; house-to-house inspection made in suspected towns and villages, and all patients promptly isolated and treated, special huts being erected and attendants provided at the expense of the Government, when necessary.

The patients were isolated as soon as their cases were brought to the knowledge of the Medical Officers. At Accra, Cape Coast and Elmina permanent Hospitals are provided for these cases; at Ada and Kwitta temporary structures were properly erected; and in the Winneba and Salt Pond Districts, the patients were removed to isolated buildings outside of the towns. At Kwitta, Ada, Winneba and in the Salt Pond District, a rigorous house-to-house inspection was enforced, and also in the suburb of Christiansborg, where most of the Accra cases came from.

43. It is worthy of note that coincidently with the outbreak of the disease along the littoral, it was encountered in an epidemic form at Abetifi by the Attabubu Expedition. Dr. Murray, the Principal Medical Officer of the Expedition, writes: "Small-pox was exceedingly prevalent in the villages north of Abetifi, with the result that an outbreak of this disease occurred amongst the carriers in Attabubu, towards the end of December. Small-pox huts were erected outside the town, and the cases were at once isolated, all due precautions being taken to prevent the spreading of the disease."

44. The precautions adopted during the latter part of the previous year, in regard to the threatened importation of Cholera into the Colony, were continued with satisfactory results. No case of Cholera occurred.

45. There were only 18 cases of Measles treated in the various Dispensaries: several other cases were treated in private. The disease was of a mild character and free from grave complications; no deaths were reported from this cause.

46. There were two cases of Whooping Cough and three of Scarlatina treated at the public dispensaries. Whooping Cough was not prevalent generally and Scarlatina was reported for the first time in the medical history of this Colony. The cases occurred at Elmina.

47. With the exception of Small-pox, therefore, the specific infectious diseases were of a limited variety and mild character.

48. The special feature of the fevers of malarial origin which occurred during the year was the tendency to hyperpyrexia and liver complications, with marked prostration during convalescence. Assuming a bilious intermittent form, in most cases they yielded readily to treatment when begun early, but if neglected at the outset, rapidly assumed a bilious remittent form, with uncontrollable vomiting, hyperpyrexia and collapse. In other cases the disease assumed a malignant form from the outset, the patients dying almost suddenly in two or three days from hyperpyrexia and heart



failure. Several cases of the hæmoglobinuric type of malarial fever occurred, especially among the Germans.

There was an unusual number of cases of inflammation of the liver, and several deaths occurred among the Europeans from Abscess of the liver, supervening on dysentery or dysenteric diarrhœa. Two medical men died from this cause. It is particularly fortunate that this form of endemic disease is not common in this Colony, as the rate of mortality in these cases is very high.

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## PART II.

### SANITARY.

49. Although on the whole, little was done during the year to improve the sanitary condition of the Colony, still, the little that was done, must prove beneficial.

50. The strict enforcement of the sanitary laws was strongly impressed upon all Health Officers, and it is satisfactory to note that, except in one instance, co-operative action has been taken in this matter by the several District Commissioners, *vide* appendix 39.

51. Seven new latrines were erected at Anamaboe, and four were in course of erection at Axim, at the end of the year.

52. I trust that the special tours of inspection undertaken by the Medical Officers at Ada, Axim and Salt Pond, reports of which are appended, will prove of ultimate benefit, and it is my intention to have these tours of inspection repeated at least once in each year, in the future.

53. The interesting report of the Travelling Commissioner, Mr. Hull, which is appended, bids me hope that he will prove a trusted ally of the Medical Department, in matters of sanitation affecting those parts of the Colony not within the practical range of this Department.

54. *Accra*.—Sanitation has been practically at a stand still. The difficulty in obtaining scavengers has been less, and the increase of the pay of these men appears to have given much satisfaction to them.

55. The preliminary survey of the River Homo in connection with the water supply of the town has been continued. At the end of the year, nothing further had been done in the matter, and the prospects of a drought seemed imminent.

56. No new public latrines were erected, and although portion of the materials for the new latrine jetties, approved of during the previous year, arrived in the Colony nothing was done, save the utilization of the materials for other purposes.

57. The market sheds were not completed at the end of the year.

58. Practically, except in maintaining the cleanliness of the town, by the vigorous enforcement of the sanitary laws, so far as these fall within the sphere of duty of the Inspectors of Nuisances, and the reorganisation of the salaries of the Inspectors of Nuisances, nothing was done. All that portion of sanitary work referring to drainage, delimitation of property by proper boundary fences, buildings in a ruinous and dangerous condition, filling up and protection of pits or excavations dangerous to life and which do not fall within the legal sphere of this Department, were practically left untouched. Nor can it be added that much assistance was rendered in the matter of sanitation generally, by the Civil police force.

59. *Cape Coast*.—The sanitary condition was “fairly good throughout the year; town cleaner, though there is still much room for improvement.”

60. *Elmina*.—During the first half of the year, Dr. Connolly, the Health Officer, writes:—“The sanitary condition of the old town is good, except as regards the ruinous houses, which there is no attempt to rebuild. The new town is kept fairly clean, and nuisances are rarely found to exist, except in the lower portion towards the Lagoon, known as the Fish town, which, the nature of its situation, its soil and the unclean habits of the people, combine to render insanitary. The Hausa Cantonment is kept clean, but the houses are badly built and crowded too much together. Though the Public Health Ordinance is in force in the other towns of the District, with the exception of BRAINU AKINMU, there has been no attempt to obey its provisions. The Inspector of Nuisances has been sent to the nearest towns on various occasions, and more than twenty people have been prosecuted and fined. It is to be hoped that continuance in this course will produce some good result. The general condition of Elmina is good, except in those quarters



“bordering on the lagoon, and in some of the more crowded streets between the main street, and the sea-shore. But the ruinous appearance of many of the houses make the town look like a place bombarded, and these ruins are too often receptacles of rubbish. The lower part of new town, called the Fish town, can never be properly kept clean until some radical improvement has been made in the structure of the banks of the Lagoon there.” In his annual report, Dr. Macmaster writes :—“The sanitary condition of Elmina is on the whole good. Fish town, adjoining the lagoon, is the worst feature. There is an unpleasant smell noticeable sometimes from the beach to the east of the hospital. This is caused by people throwing out filth at night. The difficulty is to detect them. The remedy, I think, would be to have a policeman to watch this place specially. The numerous ruined houses are still an eyesore. English Commendah is at present in a fairly sanitary state; the chief was requested to put a plank bridge over an open drain intersecting a main street. Dutch Commendah is also fairly clean. The most noticeable feature was the amount of weeds round the old fort. Ampanie is a very dirty town; pigs stray about. Braima Akimmu is kept clean; the inhabitants have set apart two large holes for refuse. Anquadah is the most insanitary village in the district. Pigs stray about at pleasure and their excrement is scattered all over the place. It is in contemplation to summon the chief and headmen. Arkimu is fairly clean. Bantamah is also in a fairly good state.”

61. I cannot agree with my colleague that the sanitary condition of Elmina is good, for that is impossible, so long as the lagoon exists in its present condition. I agree with him that the town of Elmina is kept very clean.

62. *Axim*.—“Generally speaking is good; drinking water remarkably free from organic impurity; it contains no iron. Scavenging might be more efficient. Appolonian villages mostly dirty and unsavory; the towns and villages visited in other directions are, generally speaking, in good condition, the most marked defect being in water supply.

63. *Kwitta*.—For several reasons it was very desirable that I should visit this station and district during the year, but the urgent claims of the Attabubu Expedition necessitated my presence at head-quarters, and my visit was deferred in consequence.

64. Dr. Papafio, the Health Officer, in his annual report writes, in regard to the sanitary condition of Kwitta :—“Fair. The streets and roads are broken up; prison labour, being inadequate for other pressing work, is not available for the repair of the roads and streets. Police supervision was exercised, but our efforts were not rewarded adequately by the results, and I attribute the unsatisfactory condition of the town and the unsightly appearance of the streets and roads, to the want of a properly appointed Inspector of Nuisances and sanitary labourers for this station, as, from past experience of this district, I am of opinion that prison labour cannot be depended upon for cleaning and enforcing police sanitation in the towns. The want of Hospital accommodation was very much felt during the year. The public water supply still remains a question. In regarding this matter, I would respectfully urge on behalf of the Force in detachment, the necessity of sinking a good well for storing water for their use, as the brackish water in the well in front of the Fort, from which they draw their water, appears to me to be of a questionable quality, if not a veritable disease-producing fluid. The exposed banks of the lagoon, giving rise to most unwholesome smells, requires some attention. These and other considerations will suffice, I hope, to indicate the need for additional sanitary improvements in Kwitta;” and further adds, “The popular idea with regard to Kwitta being a very unhealthy district remains as true as ever. Its physical condition may have something to do with the general unhealthiness of the district, but, as I have always maintained, and have striven over and over again to point out, it is to the dangerous relation which the lagoon bears to the public health that one has to look for the cause of the high mortality of this district. Its opening into the sea, with the subsequent sudden fall in the lagoon-water, affords another argument in proof of the poisonous nature of its water-logged swampy banks. I presume that we have now a positive knowledge with regard to the relation which the rise and fall of the lagoon water has on the mortality of the district. No candid mind can now have any doubt, but that something should be done as soon as possible, to control—if possible, to ameliorate—the bad effect of the lagoon. A well-considered scheme, for instance, might take the form of reclaiming that portion of the water-logged swampy bank bordering Kwitta, for three or four miles in length, say from opposite Vojei, on the leeward, to the level of the Catholic Mission, windward, and about half a mile



“ broad to the lowest water level. All the water-logged pits and swamps may be filled  
 “ with sand and swish; when this is completed Eucalyptus trees may afterwards be  
 “ planted on it. This scheme, which I admit is costly, if successfully carried out  
 “ would have the effect of keeping water in the lagoon always at a certain level, and  
 “ ridding the banks of the accumulated filth with its poisonous effects. Apart from the  
 “ improvement of the Public Health and the appearance of the town, which would  
 “ result from this action, we shall have a good promenade so much desired in Kwitta.  
 “ I think that something can be done in this direction, and I maintain that if we are  
 “ to advance with success in our endeavour to improve the sanitary condition of  
 “ Kwitta, it is most important that the question of the lagoon should be regarded and  
 “ taken in hand with as little delay as possible, for until this is done, our object to  
 “ make Kwitta a healthy station can hardly be attained under the present régime.

65. I have, since the receipt of this report, had other reports on Kwitta before me for consideration, but I must defer the expression of my views on the subject till I inspect the District.

66. *Ada*.—(a.) “ Fairly good. All palm leaf fences were removed from enclosures in March Quarter, and this seems to have improved the sanitary condition of the town, as it allows much better ventilation to the houses and also prevents the accumulation of rubbish at the backs of the huts, in yards and corners. Big Ada and the other towns and villages in the District are in a fair sanitary condition.”  
 (b.) The very unhealthy condition of Ada during the year is to be attributed to other causes than those of defective sanitation.

67. *Salt Pond*.—“ Very good generally. During the year a fresh water tank has been constructed and the pond in the Commercial street has been filled up. The roads and bridges are in good repair. The presence of a lagoon in the centre of the town is a source of uneasiness. Four latrines have recently been erected in place of the former ones, and several new native latrines have been made.”

68. *Anamaboe*.—“ The sanitary condition is very fair indeed. There is great trouble in contending with the growth of weeds round and about the houses of people who do not live in the place, and therefore, can with difficulty be found.” The new latrines erected here have proved a great boon to the people.

69. *Winneba*.—“ Is in a fairly clean condition at present. More latrines situated in different parts of the town are needed. A Sanitary Inspector and Scavengers are also needed. The Sergeant of Police acts at present as Sanitary Inspector, but I do not think he is a very suitable person for it. I think the Dispenser would make a more suitable Inspector, with small extra salary. He would have more time on his hands, as he has his afternoons practically to himself. Most of the Sergeant’s inspection is done on the beach and in the principal street of the town.” The Dispenser has since been appointed Inspector of Nuisances for the station.

70. I made the following note when I visited this station in July last:—  
 “ Dispensary clean. Inspected Cemeteries, viz.: the Wesleyan Cemetery and that  
 “ belonging to the natives, require proper laying out of graves. Large amount of  
 “ rubbish in the outskirts of the town. Inspected market place; trees required to be  
 “ planted here. Inspected also the Public Reservoir; very good work; site admirable.  
 “ The planting of physic nut trees in the Wesleyan Cemetery to be abolished and  
 “ umbrageous trees planted. Main road, Abasaba, shows neglect on the part of the  
 “ Health Officer. Water supply good; the natives draw water from the Public  
 “ Reservoir. Public wells and Reservoir at this place contain about 250,000 gallons of  
 “ water. Latrines insufficient. Town requires better police supervision and greater  
 “ activity in sanitary matters. No resident Medical Officer at present.”

71. *Berraku*.—“ When I made my inspection of this town, I was quite surprised at the cleanliness of the streets, or rather, roads. The only dirty places were near the Fort and the beach. The Lock-up in the Fort, where prisoners are sometimes confined, was in a filthy state. I gave orders for it to be cleaned at once. The cemetery will need cleaning in a short time. Latrines are needed here as much as any other town in the district.” When I visited Berraku in July last I went into the question of latrines very carefully with the Chiefs, and selected sites for them in various parts, for the construction of ‘native’ latrines on the ‘pit’ system, as the surroundings favoured this arrangement. They promised to carry out my wishes, but have evidently not done so. The following notes of my visit to this town were recorded at the time by my Chief clerk.

1st: “ Saw King, who was introduced to the Chief Medical Officer by the  
 “ Customs Officer, and Chief Medical Officer informed him of the reason of his



“ visit to his town. Inspected town of Berricku ; town appears clean, as also the  
 “ Fish town. 2nd : Visited Dutch Fort and found two policemen in it. 3rd :  
 “ King and Chiefs informed to get Latrines dug for use of the people and not  
 “ to utilise the beach for the purpose. Mr. C. A. Lokko, the Customs Officer,  
 “ who accompanied us on the inspection was instructed to see that the king  
 “ carried out this suggestion. 4th : Visited the cemetery ; very clean and nicely  
 “ kept ; chiefs instructed to grow trees over graves and also to assemble all the  
 “ people once a week to clean the town, and that they should beat a gong-gong  
 “ to gather all the people together. They were informed that by keeping their  
 “ town clean they will always enjoy good health. The Chief Affodu is held  
 “ responsible for the keeping in a cleanly state of Allata quarters. 5th : Road  
 “ to Abodi very bad—Chiefs asked to accompany Chief Medical Officer in order  
 “ that he might point out to them how bad that road was, they did so. 6th :  
 “ Inspected Abodi and Denche Wells, and Chiefs informed to keep the roads  
 “ leading to these wells clean. Women informed to keep clean their fishing  
 “ places. 7th : Inspected Kebete well. Women who take water from this well  
 “ were instructed never to go in it to draw water but to put sticks on the sides of  
 “ the well and to stand on them to draw it. 8th : Chiefs informed that they are  
 “ to get the Latrines dug in each quarter of the town. Each chief to be responsible  
 “ for his quarter. Sites selected by Chief Medical Officer. 9th : Visited the  
 “ Customs Office—Customs Officer does the work of Inspector of Nuisances.  
 “ Water supply good.”

72. *Mumford*.—“ Was in a very clean state, but this is due, I think, more  
 “ to the position of the town than to the people keeping it clean. The Cemetery  
 “ was overgrown with weeds. I spoke to the Chief about it, and he promised to  
 “ clean it. He also promised to dig some latrines for the people and when they  
 “ were filled up to dig more. The water tank that I examined at the end of August  
 “ contained no water. This, I said at the time of my examination, was too small for  
 “ the place. They have now to drink the water that they used to before they  
 “ dug this tank.”

73. *Appam*.—“ Is without doubt the dirtiest town in the district. Like the  
 “ other towns in the district, they require latrines. I also saw the Chief here and  
 “ he promised to dig some ; but in my experience the chiefs here are very fond of  
 “ promising, but they do not often fulfil what they do promise. The markets here  
 “ at present extend over a large tract of ground, from Messrs. Yates Brothers’  
 “ Factory right out into the plains. I recommend that they should be brought  
 “ together into one place, say opposite Mr. J. W. Kroffie’s house, on the side nearest  
 “ the lagoon, and thus, it would be much easier to keep clean, than at present.”

#### SUMMARY OF SANITARY REQUIREMENTS.

##### 74. *Accra*—

1. Improved water supply.
2. Increased number of Public Latrines on the beach.
3. Proper accommodation for European Officers.
4. Drainage.

##### 75. *Cape Coast*—

- “ 1. Increased number of Public Latrines on the bucket system and  
 “ increase in the number of scavengers.
- “ 2. Improved water supply.
- “ 3. Drainage in various parts of the town.
- “ 4. Slaughter House.”

##### 76. *Elmina*—

- “ 1. Some steps to be taken with regard to the lagoon, to prevent the  
 mud being exposed at low tide.
- “ 2. Additional latrine accommodation.
- “ 3. Removal of ruined houses.
- “ 4. Addition to the scavenging staff.
- “ 5. Meteorological Instruments.”

##### 77. *Axim*—

- “ 1. Systematic disposal of refuse (chiefly domestic).
- “ 2. Enforcement of law in regard to nuisances, in view of increased  
 “ number of latrines.” At date of writing the latrines have been completed  
 and opened to the public.



78. *Ada*—

- “ 1. Six or eight sanitary labourers.
- “ 2. A female latrine at Ada Foah.
- “ 3. Repair of Bridges and drains in village of Ada.”

79. *Kwitta*—

- “ 1. Hospital.
- “ 2. Slaughter House.
- “ 3. Inspector of Nuisances and Sanitary labourers.
- “ 4. Dustbins.
- “ 5. Repair of roads and streets.
- “ 6. Additional latrines.
- “ 7. Reclamation of that portion of the Lagoon foreshore bordering Kwitta.” At date of writing an Inspector of Nuisances has been appointed and the Hospital erected.

80. *Salt Pond*—

- “ 1. More new latrines for Salt Pond.”

81. *Winneba*—

- “ 1. Drainage.
- “ 2. Sanitary Inspector and Scavengers.
- “ 3. More latrines.”

An Inspector of Nuisances has since been appointed.

82. The following matters of special import were either dealt with or submitted for consideration ;—

(a.) *Accra*.—In view of the large influx of European officials at this station, the question of their suitable accommodation became a matter of some anxiety to the Government. In my report on the subject, dated the 27th September, I unhesitatingly condemned the “Barrack” system of quarters then contemplated as “unsuitable for the conditions of life in this country for the following, among other reasons :—

## “ A.—GENERAL.

“ I.—*Official*—

“ i. the undesirability of senior and subordinate officers of Departments residing together in the same building, as subversive of good discipline, for here, as elsewhere, familiarity breeds contempt.”

“ ii. the undesirability of officers, below the ranks of Heads of Departments, residing in the same building in which their office is held, as tending to a lax condition in the performance of their duties, by the subordinates, especially in a tropical country like this, where men are so apt to remain as long as they possibly could, and very often more than they should, in their pyjamas. This is a very plain statement of undeniable facts of observation.”

“ iii. irregularities of office hours occasioned in regard to—

“ (a) punctuality of attendance ;

“ (b) punctuality of breaking off ;

“ (c) irregularity of hours of work ; a tendency to overwork induced, with coincident neglect of physical exercise, resulting in torpidity of the liver primarily, and subsequently the after effects of this condition in this country.”

“ II.—*Personal*—

“ i. the undesirability of persons of conflicting ideas of thought, or of opposite idiosyncrasies being compelled to live together ;

“ ii. the inconvenience which is occasioned to inmates who are not themselves ill, in cases of sickness of the most trivial, as well as those of the most fatal character ;

“ iii. the non-advisability of married and unmarried people living together in the same building, under the circumstances which appertain here, *e.g.* :—

“ (a.) the undesirable proximity of quarters, necessitated by the nature of the construction of buildings, induced by climatic and local conditions ;



“(b.) the demoralising effect such proximity of dwellings induces, in all small communities, where, in the absence of suitable mental occupation, there is so much room for scandal.

### “B.—SANITARY.

“1. In all tropical climates it is desirable to have wide verandahs around the habited dwelling-rooms, and this is particularly so in this country.

“2. Such verandahs should be unopposed to the free circulation of air by partitions, screens, intervening rooms, &c., which privacy or conservancy would necessitate in barracks.

“3. The condition of hyperæsthesia-physical, moral, social, induced by the heat of the climate is such, that perfect mental repose becomes absolutely necessary at most times, and at all times advisable. We know from experience locally that more quarrels among officers take place during the hotter months, than at other times. The noise of a piano or of singing in adjoining quarters I have known to produce decided mental irritation, amounting in some cases, to what may be correctly designated pathologically, as ‘worry,’ that great and dreaded ally of the malarial poison in this country.

“4. In cases of illness it is most distressing to the inmates of adjacent quarters to overhear the plaintive, perhaps petulant, calls of patients, the noise of vomiting, the groans of those in agony and the moans of the dying. And no one but he who has felt them, can realise what these conditions mean.

“5. Last, but not least, in cases of a death occurring in barrack quarters, the effect, as demonstrated by experience, is most distressing and appalling.”

83. The Bungalow system of quarters has since received the sanction of the Secretary of State for the Colonies, and at the date of writing, practical measures in regard to this matter are being carried out.

84. *Ada.*—The Health Officer reports: “I would bring to your notice the fact that there is only one Tank here for the storing of rain-water, upon which, the officials stationed here are solely dependent for their supply of drinking water. This tank is now less than half full, and if we do not have rain soon we shall be very badly off for water; surely, also, it is most essential that Tanks be cleaned out periodically; under present arrangements, this cannot be done. I would, therefore, recommend a second Tank to be *immediately put up* at the District Commissioner’s new quarters; this I consider, and I am sure you will agree with me, *an absolute* and *an immediate necessity*. Another very great want at this station, is a small Hospital containing 4 or 6 beds, for the treatment of cases which come from a distance up River and other severe cases occurring in the neighbourhood; this is also very necessary.” On the question of the necessity for a Hospital at this station I must defer remark until I have an opportunity of judging for myself, of its urgency or necessity.

## PART III.

### THE MEDICAL DEPARTMENT.

#### A.—*The Staff.*—

85. At the beginning of the year this consisted of :—

1 Chief Medical Officer.	29 Nurses and Servants.
16 Assistant Surgeons.	1 Chief Warder.
2 Clerks.	4 Assistant Warders.
8 Dispensers.	1 Matron.
1 Assistant Dispenser.	13 Inspectors of Nuisances.
4 Dispensary Pupils.	



86. During the year the following departmental changes took place :—

(a.) Dr. Prout, Assistant Colonial Surgeon, was appointed Colonial Surgeon of the Gambia on the 19th April.

(b.) Dr. MacCarthy, the Chief Medical Officer, retired on pension on grounds of ill-health in the early part of May, and was succeeded by Dr. Easmon the Senior Asst. Col. Surgeon.

(c.) Dr. Seymour died at Kwitta, from malignant malarial fever, in February, after four months' residence in the Colony ; and Dr. Ferrier, at sea, in his second tour of service, from abscess of the liver, contracted at Ada, in June.

(d.) Dr. Power resigned his post in November.

(e.) Dr. Lennane was invalided to England in August, after ten months' residential service, and has since resigned, in consequence of the state of his health.

(f.) Dr. Howe was invalided in July, although he was then due for leave of absence.

(g.) Dr. Hall was lent to the Lagos Government, from September to the end of the year.

87. The entire medical staff was re-organised ; a better classification of officers, a general modification of salaries, which had been a long-felt want, and an increase of the staff was submitted for the approval of the Secretary of State and duly received His Lordship's sanction.

88. At the end of the year the staff consisted of :—

1 Chief Medical Officer.	35 Nurses and Servants.
17 Assistant Surgeons.	1 Chief Warder.
4 Clerks.	3 Assistant Warders.
8 Dispensers.	1 Matron.
1 Assistant Dispenser.	11 Inspectors of Nuisances.
4 Dispensary Pupils.	

89. The following Medical Officers resumed duty after leave of absence :—

D. Waldron. P. H. Power.

W. A. Murray. R. M. Forde.

and the following were granted the usual leave of absence during the year, viz. :—

E. R. Howe. W. Taylor.

W. A. Murray. R. M. Connolly.

90. The quarters hitherto occupied by the Chief Medical Officer were, by arrangement agreeable to all parties concerned, transferred to the Queen's Advocate, and the building hitherto used by the Queen's Advocate and one of the Assistant Col. Surgeons jointly, transferred into quarters for the Chief Medical Officer, to provide suitable accommodation for the Departmental Office at Headquarters.

91. B.—*Expenditure*—

1. The total cost of the Medical Department for the year, exclusive of passages for officers to and from England and local transport and travelling allowances, amounted to £13,449 15s. 9d., being £314 4s. 3d. less than the estimated expenditure, viz., £13,764. Local and General transport expenses and travelling allowances are not chargeable under any of the Votes for this Department, but form separate items under the Vote for Transport in the Colonial Estimates.

2. In the medical branch of the Department the Votes for the year amounted to £11,591 ; the Expenditure for the year amounted to £10,446 8s. 2d., being less than the Votes by £1,144 11s. 10d.

3. The following votes were exceeded :—

*Diet and Provisions*—

Estimate £1,000. Expenditure £1,114 0s. 1d.

*Medicines and Chemicals*—

Vote £500. Expenditure £521 4s. 11d.

*Uniform*—

Vote £40. Expenditure £43 6s. 9d.

*Bedding and Hospital Equipment*—

Vote £120. Expenditure £151 12s. 3d.

All the other votes were short expended.

4. The short expenditure of the Votes for "Medical Comforts," "Disinfectants" and "Vaccination Expenses" is explained as follows :—most of the Medical Comforts are issued to Government Officers, who pay cost price + 20%, so that practically the medical comforts expended in the Hospitals are paid for out of the 20% paid by higher officials ; the vote for Disinfectants was not expended as



there was a large stock on hand, imported during the previous year in view of the threatened Epidemic of Cholera; the Vaccination Expenses were mostly carried over to the following year.

5. Provisional Expenditure not estimated for amounted to £55 6s. 3d., the whole being for extra medical aid.

6. In the sanitary branch of the Department the Votes amounted to £2,173 and the Expenditure amounted to £3,003 7s. 7d., being an excess of expenditure over Estimate of £830 7s. 7d. *Vide* Appendix 36.

7. The following votes were exceeded :—

*Scavengers and Laborers—*

Vote £1,600. Expenditure £1,645 19s. 1d.

*Upkeep of Latrines—*

Vote £150. Expenditure £163 1s. 9d.

8. The following votes were short expended :—

*Personal Emoluments—*

Vote £353. Expenditure £250 1s. 6d.

*Uniform—*

Vote £20. Expenditure £7 15s. 1d.

*Dustbins, Tools &c.—*

Vote £50. Expenditure £3 0s. 8d.

9. Provisional Expenditure not estimated for amounted to £933 9s. 6d. :—

	£	s.	d.
Quarantine Expenses . . . . .	21	16	0
Expenses of Lazaretto . . . . .	0	1	10
Construction of new Latrines, Ada . . . . .	18	15	0
Hut for Scavengers . . . . .	28	10	5
Outbreak of Small-pox . . . . .	48	11	4
Construction of new Latrines . . . . .	799	11	10
Opening, Salt Pond, Accra . . . . .	15	17	0
Destruction of Dogs . . . . .	0	6	1
Total	£933	9	6

## 92. (C.)—*Public Hospitals and Dispensaries.*

The total number of persons admitted into the Wards of the various Hospitals was 1,264, and total treated in Hospital 1,328, inclusive of 64 cases left over from 1892. Of these there were—

Cured . . . . .	836	Not Improved . . . . .	36
Relieved . . . . .	294	Died . . . . .	94

leaving in the hospitals at the end of the period 68 (*vide* Return W. appended).

93. The several hospitals contributed as follows :—

Accra, remained, 29	admitted	731
Elmina „ 19	„	323
Cape Coast „ 15	„	146
Axim „ 1	„	55
Salt Pond „ 0	„	9
	64	1264

94. The rate of mortality among the In-patients was 70·78 per 1,000.

95. It will be observed that more than one-half of the total number of new cases were admitted into the Accra Hospital, as contrasted with the numbers admitted in previous year.

Accra	1892	796	1893	731	Axim	1892	36	1893	55
Elmina	„	277	„	323	Winneba	„	2	„	0
Cape Coast	„	158	„	146	Salt Pond	„	0	„	9
Kwitta	„	58	„	0					

it will be seen that there was a proportionate increase of patients treated in 1893 in the Elmina Hospital, as contrasted with the previous year, whereas the converse obtains as regards Accra: this latter is explained by the withdrawal of a large number of Haussas for the Attabubu Expedition.



96. The classes of patients who received treatment in Hospital were—

i. Europeans, total treated . . . . .	72
ii. Natives { Males . . . . .	499
{ Females . . . . .	137
iii. Constabulary { Haussas . . . . .	468
{ Civil Police . . . . .	152

as contrasted with the previous year, there will be seen a falling off in the number and proportion of Haussas treated, and which is to be explained by the absence of the majority of them, during a third of the year, on the Attabubu Expedition. This is further exemplified in the monthly statement of Hospital Stoppages of the Haussas and Civil Police at Head quarters, *vide* appendix 30.

97. The total Hospital Stoppages of the Constabulary amounted to £118 3s. 0d. made up as follows :—

Stations.	Haussas.			Civil Police.			Total.			Remarks.
	£	s.	d.	£	s.	d.	£	s.	d.	
Accra ... ..	69	6	6	14	19	0	84	5	6	
Cape Coast ...	2	2	0	2	9	6	4	11	6	
Elmina ... ..	17	16	9	11	9	3	29	6	0	
Totals ... ..	89	5	3	28	17	9	118	3	0	

In 1892 total patients treated 1,390      In 1893 total patients treated 1,328  
 „ „ „ Haussas „ 556      „ „ „ Haussas „ 468  
 or, if we include the Civil Police, the total number of Constabulary patients treated would stand thus :—

In 1892 total patients treated 1,390      In 1893 total patients treated 1,328  
 „ „ „ Constabulary „ 700      „ „ „ Constabulary „ 620  
 the percentage of Constabulary to other patients treated being for—  
 1892 . . . . . 50·3  
 1893 . . . . . 46·6

98. The total number of new cases treated at the several Dispensaries was 20,350, and the attendances of old cases amounted to 48,454, made up as follows :—

Accra, new cases, 8,921, old cases, 13,810	
Ada, do. 872, do. 3,945	
Axim, do. 647, do. 24	
Cape Coast, do. 2,745, do. 12,128	
Elmina, do. 2,356, do. 9,848	
Kwitta, do. 1,752, do. 4,269	
Saltpond, do. 1,459, do. 2,205	
Winneba, do. 1,598, do. 2,225	

99. There was interruption in the Dispensary work at both Axim and Winneba; at the former place, in consequence of the illness of the Medical Officer, who had to be sent to Accra for treatment, and at the latter, the surgeon was temporarily withdrawn owing to a numerical deficiency in the medical staff.

100. The principal causes of death among the In-patients were :—

Small-pox . . . . .	14	Disease of Intestines . . . . .	6
Malarial Fevers . . . . .	12	Do. Liver . . . . .	3
Disease of Lungs . . . . .	22	Injuries . . . . .	6

101. The Medical Officers were posted to the various Hospitals and Dispensaries as follows :—

*Accra Hospital.*—Chief Medical Officer, Drs. Seymour, Ferrier, Lenehan, Elliott, Johnson and Coker.

*Ada Dispensary.*—Drs. Smith, Howe, Ferrier, Lyons and Forde.

*Axim Hospital.*—Drs. Lennane and Elliott.

*Cape Coast Hospital.*—Drs. Murray, Power, Taylor, Forde and Waldron.

*Elmina Hospital.*—Drs. Connolly, Forde and Macmaster.

*Kwitta Hospital.*—Drs. Seymour and Papafio.

*Salt Pond Dispensary.*—Drs. Taylor and Johnson.

*Winneba Dispensary.*—Drs. Johnson and Wright.



102. The changes of the *personnel* of the Medical Staff at the two large hospitals at Accra and Cape Coast, were felt as a drawback to the usefulness of those institutions, especially at Accra. I trust that with the increase of the numerical strength of the Department now approved of, I shall be able in the future to make more satisfactory arrangements in this respect. The short service system, the uncertainties of climatic and endemic factors of disease, and exigencies of the service of various kinds, will prove a strong barrier to the carrying out of any definite scheme for the location of officers; still, I shall endeavour to carry out the principle as far as it may be possible.

103. Some misunderstandings having arisen in regard to the classes of persons entitled to out-door relief at the Dispensaries of the Colony, it became necessary for me to compile, and with the permission of the Governor cause to be published, rules on the subject for the guidance of the public (*vide* appendix 25).

104. Rules were also published in connection with the routine of duty at the Victoriaborg Hospital, Accra (*vide* appendix 28).

105. In his report on the Hospitals at Accra, given *in extenso* in the appendix, Dr. Coker draws attention to two important factors in connection with the satisfactory working of these establishments, viz.: the necessity for the extension of the Hospital buildings and the difficulty of the maintenance of the staff of the Lunatic Asylum at its standard strength.

106. In regard to the first of these, viz., the extension of the Hospital buildings, what we require are—first, a separate building for a military hospital, to be reserved entirely for the military branch of the constabulary; this had been approved of in theory and on paper, but up to the end of the year nothing had been done of a practical nature; at the date of writing there seems, however, some reasonable prospect of ideas on this subject taking a practical form; second, executive buildings for the resident staff: (a) quarters for the Surgeon in Charge; (b) quarters for subordinate staff; (c) proper lavatories, operating room, offices and special wards. I have for years written and spoken on this subject, but all in vain. It is no credit to this Institution to record the fact, which is a true one, that herein female patients, mostly cases of syphilis, or young girls with large ulcers, are admitted, who have to be attended to by male nurses, for the simple reason that there is no accommodation for a female nurse, whose salary, however, has been duly provided for, for years.

107. Before completing this report I am glad to be able to state that, in consequence of a recent surprise visit paid to the Hospital by the Acting Colonial Secretary, His Excellency the Governor has inspected the Hospital and has given the necessary instructions to the Director of Works to prepare the requisite plans and estimates for carrying out the required improvements.

108. In regard to the Asylum Staff, an attempt to meet the difficulty experienced has been made by raising the salaries of the men and binding them by contract to serve for a definite period. The discipline which has to be maintained is very irksome to the Warders, as there is too much restraint upon their tempers and upon their natural and acquired habits of irregularity and inattention. On the whole the men have behaved well. It is infinitely preferable to have a limited staff of good men, than to raise the complement of the number of Warders by the appointment of unsatisfactory persons.

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## PART IV.

### MISCELLANEOUS.

109. The following events of importance in connection with the sanitation of the Colony and the Medical Department occurred during the year:—

- (a.) the plague of locusts;
- (b.) a serious boiler explosion on the River Ankobra;
- (c.) the death by drowning of a Government Officer at Ada;
- (d.) the despatch into the interior of, what is now known as, the Attabubu Expedition.

110. The first appearance of the locusts was in the latter end of February, just after the setting in of the rains and when the young corn was from two to eight inches high; they destroyed nearly the whole of the crop, and in consequence there



was a great scarcity of corn towards the end of the year. All the cereal crops were more or less devastated by these pests, which swept through the Colony in myriads. They re-appeared several times, not, however, in such large numbers, but sufficient to keep up the destructive action on the first crops of the year.

111. The boiler explosion which occurred on the Ankobra river on the 21st November, resulted in the death of two Europeans and four natives ; five natives besides, were wounded. Dr. Elliott's medical report on the accident is given *in extenso* in the appendix.

112. The melancholy fate of the young and promising Customs Officer, who died at Ada by drowning, created universal sympathy. The surf at Ada being known to be particularly bad, life belts are provided for the use of the Customs Officer who has to board the ships. On this occasion the deceased neglected to take his belt with him, the boat was upset in a boiling surf and he was drowned.

113. The military expedition to Attabubu was necessitated by the report that the Ashantis threatened to invade the new protectorate of Attabubu.

114. The instructions in regard to the medical equipment of the force were given to me on the 30th September ; on the 2nd October the advance guard left Accra with Assistant Colonial Surgeon Lenehan, as Medical Officer ; on the 9th October the first division of the main body followed, and on the 11th October the second division under the command of the Honourable Sir Francis Scott, with Assistant Colonial Surgeon Dr. Murray, as Principal Medical Officer.

115. Whatever the practical outcome of the Attabubu Expedition, from a political or scientific point of view, may prove in the interests of the Colony, it certainly enabled the Government to estimate the capabilities of the military and medical branches of the service, in a case of emergency.

116. In the appendix I have given *in extenso* my report on the Medical Equipment of the Expedition, and at the date of writing, it is satisfactory to note that although the Expedition had to endure a lot of hardships yet the sickness and mortality among the men have been infinitesimal.

J. FARRELL EASMON, M.D.

*Chief Medical Officer.*

MEDICAL DEPARTMENT, V'BORG, ACCRA,

31st July, 1894.



Duplicate.

APPENDIX 1.

W.

MEDICAL DEPARTMENT OF THE GOLD COAST COLONY.

STATISTICAL RETURN OF THE GOLD COAST COLONY FOR THE YEAR ENDED 31ST DECEMBER, 1893.

A.—NUMERICAL STATEMENT OF PATIENTS IN HOSPITAL.

Class.	Remained on 1st day of period.	Admitted.	Discharged.			Died.	Remaining on last day of period.	Remarks.
			Cured.	Relieved.	Not Improved.			
Europeans ... ..	2	70	57	10	...	3	2	
Natives ... {	Male ...	471	232	140	25	70	32	
	Female ...	123	68	39	7	10	13	
Constabulary {	Haussa ...	451	369	77	2	4	16	
	Civil Police	149	110	28	2	7	5	
Total ... ..	64	1,264	836	294	36	94	68	

B.—DISPENSARY.—NUMERICAL STATEMENT OF OUT-PATIENTS.

Class.				New Cases.	Old Cases.	Remarks.
Europeans ... ..	...	...	...	725	346	
Natives ... {	Male ...	...	...	8,721	17,729	
	Female ...	...	...	5,653	15,863	
Constabulary {	Haussa ...	...	...	4,283	11,979	
	Civil Police ...	...	...	968	2,537	
Total ... ..	...	...	...	20,350	48,454	

C.—ILLNESS OF EUROPEAN OFFICIALS.

(I). Diseases for which they were treated.

Disease.							Disease.						
Remained.	Admitted.	Discharged.	Invalided.	Died.	Remaining.		Remained.	Admitted.	Discharged.	Invalided.	Died.	Remaining.	
Abscess—Alveolar ...	...	1	1	...	...		Brought forward ...	2	54	52	2	1	1
Abscess of Liver ...	...	1	...	...	1	...	Fever—Intermittent ...	1	73	72	2	...	...
Adenitis ... ..	...	1	1	...	..	...	„ Malarial ...	...	1	1	...	...	...
Boils ... ..	1	1	2	...	...	...	„ Remittent ...	3	53	50	3	3	...
Cachexia—Malaria ...	...	1	1	...	...	...	„ „ Bilious ...	...	5	3	2	...	...
Cellulitis—Submaxillary	...	1	1	...	...	...	„ Typho Malarial	...	1	...	...	...	1
Colic ... ..	...	2	2	...	...	...	Fracture—Nasal Bone	...	1	1	...	...	...
Congestion of Bladder	...	1	1	...	...	...	Hæmatemesis ...	...	1	1	...	...	...
„ „ Liver ...	...	10	9	1	...	...	Heatstroke ...	...	1	...	1	...	...
Constipation ... ..	...	6	6	...	...	...	Horse Bite ...	...	1	1	...	...	...
Debility ... ..	1	...	1	...	..	...	Insomnia ...	...	1	...	...	...	...
Dental Neuralgia ..	...	1	1	...	...	...	Lumbago ...	...	1	1	...	...	...
Diarrhœa ... ..	14	13	...	...	1	...	Orchitis, Acute ...	...	1	1	...	...	...
Dysentery ... ..	...	1	1	...	...	...	Otalgia ...	...	1	1	...	...	...
Dyspepsia ... ..	...	3	2	1	...	...	Otitis, Acute ...	...	1	1	...	...	...
Eczema ... ..	...	4	4	...	...	...	Paronychia ...	...	1	1	...	...	...
Enteritis—Sub-acute	...	1	1	...	...	...	Rheumatism ...	...	4	4	...	...	...
Febricula ... ..	...	1	1	...	...	...	Ringworm ...	...	2	2	...	...	...
Febris Biliosa ...	...	1	1	...	...	...	Scabies ...	...	1	1	...	...	...
Fever—Blackwater ...	...	2	2	...	...	...	Septicœmia ...	...	1	1	...	...	...
„ Catarrhal ...	...	1	1	...	...	...	Ulcer ...	...	1	1	..	...	...
Carried forward ...	2	54	52	2	1	1	Total ... ..	7	205	196	10	4	2



(II). Detail of those Invalided and Died.

Rank.	Name.	Disease.	Duration.		Result.
			From	To	
District Commissioner	H. S. Bascom ...	Abscess ... ..	7.8.93	11.8.93	Invalided.
Asst. Colonial Surgeon	Thomas Ferrier...	„ of Liver ...	26.5.93	6.6.93	„ and died
Asst. Inspector, G.C.C.	S. F. O'Donnell...	Congestion of Liver...	24.5.93	4.6.93	Invalided.
Foreman of Works ...	J. C. Claxton ...	Congestion of Liver with Bilious Remitt. Fever ... ..	16.3.93	28.3.93	„
Asst. Colonial Surgeon	V. F. Lennane ...	Congestion of Liver with Remitt. Fever	23.8.93	31.8.93	„
Do. do.	E. R. Howe ...	Dyspepsia ... ..	1.7.93	4.7.93	„
Royal Engineer ...	C. Hall ... ..	Heatstroke ... ..	11.5.93	15.5.93	„
Telegraph Foreman ...	A. Simmons ...	Intermitt. Fever ...	28.4.93	9 5.93	„
Asst. Colonial Surveyor	C. A. A. Barnes...	Do. do. ... ..	3.5.93	13.5.93	„
Supervisor of Customs	T. E. Peirce ...	Remittent Fever ...	30.12.92	11.1.93	„
Asst. Colonial Surgeon	William Seymour	Do. do. ... ..	11.2.93	12.2.93	Death.
Foreman of Works ...	Richard Hughes	Remittent Fever with Hepatitis ... ..	18.5.93	22.5.93	„
Do. do. ...	B. J. Verrall ...	Remittent Fever, Bilious ... ..	14.3.93	17 3.93	„
Travelling Commissioner	F. A. Lamb ...	Remittent Fever with Hæmaturia ...	22.12.92	13.1.93	Invalided.

D.—ILLNESS OF NATIVE OFFICIALS.

Disease.	Remained.	Admitted.	Discharged.	Died.	Remaining.	Disease.	Remained.	Admitted.	Discharged.	Died.	Remaining.
Abscess ... ..	...	6	6	...	...	Brought forward...	1	303	301	...	3
„ Axillary ... ..	...	1	1	...	...	Fever—Rheumatic ...	...	1	1	...	...
„ of Fore Arm ...	...	1	1	...	...	Filaria Medinensis ...	...	4	4	...	...
„ of Great Toe ...	...	1	1	...	...	Fractured Patella ...	1	...	1	...	...
Adenitis ... ..	1	...	1	...	...	Gastritis ... ..	...	1	1	...	...
Ague ... ..	...	1	1	...	...	Gonorrhœa ... ..	...	4	4	...	...
„ Brow ... ..	...	1	1	...	...	Gouty Inflammation ...	...	1	1	...	...
Anæmia ... ..	...	4	4	...	...	Guinea Worm ... ..	...	32	30	...	2
Asthma ... ..	...	3	3	...	...	Gumboil... ..	...	2	2	...	...
Bite ... ..	...	2	2	...	...	Hæmaturia—Acute ...	...	1	1	...	...
Boils ... ..	...	13	13	...	...	Hæmorrhoids ... ..	...	2	2	...	...
Bronchitis ... ..	...	21	21	...	...	Horse Bite ... ..	...	1	1	...	...
Bruise ... ..	...	1	1	...	...	Impetigo ... ..	...	1	1	...	...
Bubo ... ..	...	2	2	...	...	Inflammation of Muscle	...	1	1	...	...
Cardiac Disease ...	...	1	1	...	...	Iritis ... ..	...	1	1	...	...
Catarrh—Intestinal ...	...	1	1	...	...	Laryngitis ... ..	...	1	1	...	...
„ of Bladder ... ..	...	2	2	...	...	Lymphangitis ... ..	...	1	1	...	...
„ of Frontal and Nasal Tissues...	...	1	1	...	...	Measles ... ..	...	1	1	...	...
Catarrh of Throat ...	...	1	1	...	...	Mitral Stenosis ...	...	1	1	...	...
Cephalalgia ... ..	...	2	2	...	...	Neuralgia ... ..	...	5	5	...	...
Colic ... ..	...	5	5	...	...	„ Facial... ..	...	1	1	...	...
Congestion of Liver and Spleen...	...	16	16	...	...	Ophthalmia ... ..	1	3	3	...	1
Conjunctivitis ... ..	...	9	9	...	...	Orchitis ... ..	...	9	9	...	...
Chicken Pox ... ..	...	2	2	...	...	Otorrhœa ... ..	...	1	1	...	...
Constipation ... ..	...	18	18	...	...	Palpitation of Heart ...	...	1	1	...	...
Contusion of Eye ...	...	1	1	...	...	Parotitis ... ..	...	2	2	...	...
Coryza ... ..	...	2	2	...	...	Pharyngitis ... ..	...	1	1	...	...
Cystitis ... ..	...	1	1	...	...	Phthisis... ..	...	1	1	...	...
Debility ... ..	...	7	7	...	...	Pneumonia ... ..	...	2	2	...	...
Diarrhœa ... ..	...	25	25	...	...	Psoriasis ... ..	...	1	1	...	...
„ Dysenteric ... ..	...	1	1	...	...	Rheumatism ... ..	...	26	26	...	...
Dracunculus ... ..	...	2	2	...	...	Scabies ... ..	...	1	1	...	...
Dysentery ... ..	...	12	12	...	...	Shock—Nervous ... ..	...	1	1	...	...
Dyspepsia ... ..	...	7	7	...	...	Sprain—Ankle ... ..	...	2	2	...	...
Eczema ... ..	...	1	1	...	...	Synovitis ... ..	...	1	1	...	...
Enlarged Inguinal Gland	...	1	1	...	...	Tonsillitis ... ..	...	3	3	...	...
Enteritis... ..	...	1	1	...	...	Ulcer ... ..	...	3	3	...	...
Febricula ... ..	...	2	2	...	...	Urticaria ... ..	...	3	3	...	...
Febris Biliosa ... ..	...	2	2	...	...	Varicella ... ..	...	1	1	...	...
Fever—Intermittent ...	...	116	114	...	2	Whitlow ... ..	...	1	1	...	...
„ Remittent ... ..	...	7	6	...	1	Wounds... ..	...	5	5	...	...
Carried forward...	1	303	301	...	3	Under observation for Measles ... ..	...	1	1	...	...



(II). *Detail of those Invalided and Died.*

Rank.	Name.	Disease.	Duration.		Remarks.
			From	To	
6th Class Customs Officer... Do.	T. B. Hemans... R. B. Mensah...	Cardiac disease... .....	10.7.93 18.8.93	13.7.93	Invalided. Died by acci- dental drown- ing. Boat cap- sized when landing from Sailing Vessel. Out of Service.
Chief Warder, Prison ...	J. E. Barckson...	Cystitis... ..	14.3.93	31.5.93	

E.—DEATH RATE AND INVALIDING RATE AMONG PUBLIC OFFICERS.

Class.				Total strength.	Percentage Invalided.	Percentage died.	Remarks.
Europeans	...	...	...	128	7.812	3.125	
Natives	Male	...	...	434	.69	.22	
	Female	...	...	5	...	...	
Constabulary	Hausa	...	...	842	...	1.30	
	Civil Police	...	...	354	...	2.82	



F. (PART I.)

RETURN SHOWING THE NUMBER TREATED AS IN-PATIENTS AT THE COLONIAL HOSPITAL AT ACCRA FOR THE YEAR, 1893.

Diseases.		January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.		For the year.		Remarks.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1. GENERAL DISEASES :—																												
Small Pox	...	2	...	3	...	2	...	2	...	3	...	...	...	14	2	4	1	7	1	25	3	25	7	8	...	95	14	
Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	
Mumps	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
Febricula...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	
Dysentery	...	4	...	2	1	2	...	1	...	1	...	4	...	3	2	4	...	14	1	1	1	1	...	2	...	42	7	
Malarial { Intermittent	...	4	...	6	...	1	...	7	...	6	...	12	...	14	1	8	...	18	...	6	...	8	10	...	100	1		
Fevers { Remittent	...	5	1	2	1	...	...	...	...	...	...	6	...	1	...	2	1	1	...	1	...	...	3	...	21	3		
Black Water	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	
Malarial Cachexia	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	3	...	...	
Beri-Beri ...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
Gonorrhœa	...	3	...	7	...	...	...	1	...	2	...	2	...	2	...	1	...	3	...	3	...	2	...	...	...	27	...	
Syphilis { Primary	...	5	...	...	...	3	...	1	...	2	...	...	...	1	...	1	...	1	...	3	...	...	...	...	...	20	...	
Secondary	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2	...	...	...	...	...	...	...	4	...	
Starvation	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	2	...	...	
Alcoholism	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	
Debility ...	...	2	1	...	...	...	...	...	...	2	...	3	...	2	2	1	...	...	5	...	...	...	...	...	...	1	...	
Rheumatism { Acute	...	3	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	3	
Subac : and Chronic	...	1	...	...	...	5	1	3	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	13	1	
Gout	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21	1	
Tumours	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Scrofula	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	
Leprosy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Yaws	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	
Anæmia	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	
Measles	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
Diabetes mellitus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
Puerperal Fever...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
Carried forward ...	...	35	3	22	2	14	2	19	...	18	...	33	2	38	7	25	3	52	4	49	4	42	8	38	...	385	35	



[163063]

Diseases.		January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.		For the year.		Remarks.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Brought forward		35	3	22	2	14	2	19	..	18	..	33	2	38	7	25	3	52	4	49	4	42	8	38	..	385	35	
II. NERVOUS :—		..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	1	..	4	..	..	..	..	..	8	3	
(a) Brain and membrane	..	1	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	1	..	4	..	..	..	..	..	8	3	
(b) Spinal cord, do. do.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	
(c) Nerves	..	2	..	..	1	..	..	1	..	2	..	..	..	1	..	..	..	..	..	..	..	1	..	1	..	8	1	
(d) Epilepsy	..	2	..	..	..	1	1	..	..	1	..	1	..	1	..	..	..	1	..	..	..	2	..	..	..	6	1	
(e) Vertigo	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(f) Insanity	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	
III. EYE	..	3	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	..	..	1	..	..	..	2	..	
IV. EAR	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	
V. NOSE	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
VI. CIRCULATORY :—		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(a) Heart	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3	1	1	1	..	..	7	2	
(b) Membranes of heart...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(c) Valves of heart	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..	
(d) Blood vessels	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
VII. RESPIRATORY :—		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	
(a) Larynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	
Catarrh	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	
(b) Trachea and Bronchi	..	9	2	7	..	4	1	3	1	10	..	4	..	3	1	1	..	5	..	5	..	3	..	3	1	54	5	
(c) Lung	..	4	3	9	4	6	3	2	2	3	1	2	..	..	..	..	..	3	2	1	..	..	..	..	..	39	17	
(d) Pleura	..	2	..	..	..	2	..	..	..	1	..	2	..	1	..	..	..	2	..	..	..	..	..	..	..	10	..	
VIII. DIGESTIVE :—		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(a) Mouth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	
(b) Lips	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(c) Jaws and Antrum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	
(d) Teeth, Alveoli, and Gums	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	2	1	
(e) Tongue	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(f) Palate and Fauces	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	
(g) Salivary glands	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(h) Pharynx and œsophagus	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	
(i) Stomach	..	1	..	..	..	..	..	1	..	4	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	7	..	
(j) Intestines	..	5	..	4	1	7	..	5	..	8	1	8	1	4	1	6	1	7	..	4	1	..	..	15	..	81	6	
(k) Rectum and anus	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	3	..	
(l) Liver...	..	2	1	1	1	1	1	..	..	2	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	9	3	
Carried forward		70	10	43	9	36	8	31	3	53	2	54	3	52	10	37	5	77	7	67	6	62	11	62	2	644	76	





Diseases.	January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.		For the Year.		Remarks.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Brought forward...	...		...		...		...		...		...		...		...		...		...		...		...		...		
(c) Spine	89	11	54	9	50	8	41	5	68	2	69	4	60	10	50	5	87	8	71	6	70	11	68	2	777	81	
(d) Muscles	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	
(e) Nails	...	...	...	...	...	...	...	...	2	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	
(f) Bursæ and sheaths of tendons	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	
XVI. CONNECTIVE TISSUE	1	...	1	...	1	...	2	...	...	...	...	...	3	...	3	...	1	...	2	...	1	...	...	...	4	...	
Ulcer	4	...	5	...	...	...	6	...	4	1	5	...	2	...	5	...	3	...	5	...	3	...	4	...	25	1	
XVII. SKIN	10	...	8	...	8	1	9	...	5	1	6	...	12	...	12	1	6	...	4	...	...	...	...	...	52	...	
XVIII. POISONS	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	97	3	
XIX. INJURIES	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	
(a) GENERAL:—	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	
i Lightning stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
ii Sunstroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
iii Asphyxia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Burns	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(b) LOCAL:—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
i Head and face	1	...	...	...	1	...	...	...	2	1	2	...	2	...	...	...	2	...	...	...	...	...	...	...	14	1	
ii Eye	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	
iii Ear	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
iv Neck	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
v Chest	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
vi Back	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	
vii Abdomen	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	
viii Pelvis and gen : org :	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
ix Upper Extremity	...	2	...	...	...	...	7	1	1	...	1	...	6	...	2	...	9	...	2	...	2	...	...	...	37	3	
x Lower Extremity	5	...	8	2	3	...	1	...	2	...	3	...	...	...	6	...	2	...	2	...	3	...	...	...	37	2	
XX. SURGICAL OPERATIONS	...	...	...	...	1	...	6	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	11	...	
Scorpion Bite	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
XXI. PARASITES—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(a) Cestoda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(b) Nematoda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(c) Filaria Medinensis	20	...	22	...	27	...	21	...	30	...	13	1	16	...	19	...	7	...	10	...	10	...	11	...	206	1	
(d) Other Nematoda	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
(e) Insecta	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
No Disease	39	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	42	...	
Total ...	189	13	99	11	92	9	94	7	121	5	107	5	102	10	100	6	118	8	99	6	99	12	108	2	1328	94	

F. (PART II.)

RETURN SHEWING THE NUMBER TREATED AS OUT-PATIENTS AT THE COLONIAL DISPENSARY AT ACCRA, FOR THE YEAR 1893.

Diseases.	January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.		For the year.		Remarks.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
I. GENERAL DISEASES:—																											
Small Pox	...	...	2	...	2	...	2	...	1	...	...	...	6	1	5	2	3	...	5	...	...	...	...	...	26	3	
Vaccinia ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	
Chicken Pox	2	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	2	...	...	...	...	9	...	...	
Scarlatina	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	3	...	...	
Mumps ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	32	...	...	
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
Febricula	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	
Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17	...	...	
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	153	...	...	
Diarrhoea...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	30	...	...	
Malarial { Intermittent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	543	...	...	
Fevers { Remittent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	...	...	
Constipation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	174	...	...	
Malarial Cachexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	
Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
Beri-Beri...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
Chorea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
Catarh ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	34	...	...	
Gonorrhoea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	286	...	...	
Syphilis { Primary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	...	...	
Secondary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	147	...	...	
Alcoholism	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	
Furunculul	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
Debility ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	143	...	...	
Elephantiasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
Rheumatism { Acute	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	130	...	...	
Subac: and Chronic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1829	...	...	
Gout	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
Tumours	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	250	...	...	
Scrofula	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	...	...	
Leprosy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	...	...	
Yaws	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	322	...	...	
Hernia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	
Anaemia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	56	...	...	
Carried forward ...	310	...	312	...	365	...	316	...	353	...	333	...	347	1	416	2	418	1	323	...	368	...	407	...	4268	4	



[163063]

Diseases.		January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.		For the year.		Remarks.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Brought forward	310	...	312	...	365	...	316	...	353	...	333	...	347	1	416	2	418	1	323	...	368	...	407	...	4268	4	
	Ulcers ...	35	...	35	...	40	...	29	...	29	...	20	...	16	...	...	...	15	...	14	...	6	...	8	...	247	...	
	Diabetes mellitus	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	
	Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	
	II. NERVOUS :—																											
	(a) Brain and membrane	...	...	...	...	4	...	4	...	4	...	4	...	5	...	...	...	1	...	8	...	3	...	3	...	36	...	
	(b) Spinal cord, do., do.	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	2	...	2	...	7	...	
	(c) Nerves	11	...	5	...	7	...	7	...	10	...	2	...	15	...	6	...	1	...	8	...	5	...	6	...	83	...	
	(d) Epilepsy	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	2	...	...	4	...	
	(e) Vertigo	...	...	...	...	...	...	2	...	1	...	1	...	2	...	1	...	3	...	1	...	1	...	3	...	15	...	
	(f) Teething	...	...	...	...	1	...	...	...	1	...	...	...	3	...	1	...	1	...	...	...	...	2	...	...	9	...	
	(f) Insanity	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
	III. EYE	66	...	83	...	103	...	111	...	100	...	63	...	65	...	38	...	58	...	60	...	121	...	80	...	948	...	
	IV. EAR	31	...	20	...	46	...	24	...	32	...	26	...	19	...	29	...	38	...	42	...	66	...	23	...	396	...	
	V. NOSE	...	...	...	...	1	...	...	...	2	...	...	...	1	...	...	...	5	...	...	...	2	...	2	...	13	...	
	VI. CIRCULATORY :—																											
	Hæmorrhage	3	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	8	...	
	(a) Heart	4	...	7	...	13	...	2	...	9	...	5	...	6	...	5	...	4	...	...	...	2	...	...	...	64	...	
	Syncope	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
	(b) Membranes of heart	1	...	1	...	...	...	2	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	
	(c) Valves of heart	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	4	...	
	(d) Blood vessels	1	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	3	...	...	...	8	...	
	VII. RESPIRATORY :—																											
	(a) Larynx	3	...	1	...	...	...	3	...	1	...	4	...	1	...	...	...	6	...	1	...	4	...	3	...	27	...	
	(b) Trachea and Bronchi	140	...	158	...	134	...	103	...	185	...	167	...	199	...	216	...	269	...	168	...	206	...	225	...	2170	...	
	(c) Lung	2	...	14	...	5	...	6	...	3	...	5	...	3	...	8	...	...	...	3	...	6	...	2	...	57	...	
	Asthma	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	4	...	
	(d) Pleura	2	...	1	...	4	...	6	...	1	...	...	...	1	...	4	...	2	...	4	...	1	...	3	...	29	...	
	VIII. DIGESTIVE :—																											
	(a) Mouth	19	...	15	...	14	...	10	...	10	...	6	...	9	...	15	...	10	...	10	...	10	...	20	...	148	...	
	(b) Lips	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	
	(c) Jaws and Antrum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	(d) Teeth, Alveoli, and Gums	11	...	13	...	8	...	12	...	13	...	10	...	14	...	23	...	18	...	20	...	17	...	12	...	171	...	
	(e) Tongue	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	3	...	
	(f) Palate and Fauces	4	...	...	...	3	...	2	...	3	...	2	...	3	...	...	...	3	...	...	...	1	...	5	...	26	...	
	(g) Salivary glands	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	3	...	6	...	
	(h) Pharynx and œsophagus	4	...	3	...	7	...	1	...	1	...	2	...	4	...	...	...	4	...	6	...	1	...	2	...	36	...	
	(i) Stomach	32	...	27	...	40	...	20	...	30	...	36	...	20	...	38	...	27	...	21	...	39	...	32	...	362	...	
	Dyspepsia	6	...	1	...	...	...	...	...	1	...	3	...	...	...	2	...	1	...	1	...	2	...	...	...	17	...	
	Carried forward	687	...	697	...	796	...	662	...	794	...	695	...	734	1	806	2	886	1	694	1	881	...	847	1	9179	6	

Diseases.	January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.		For the year.		Remarks.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.		
Brought forward	687	...	697	...	796	...	662	...	794	...	695	...	734	1	806	2	886	1	694	1	881	...	847	1	9179	6		
(j) Intestines ...	251	...	218	...	246	...	238	...	220	...	253	...	177	...	204	...	177	...	139	...	161	...	132	...	2407	...		
Colic ...	...	...	2	...	5	...	4	...	6	...	4	...	1	...	2	...	4	...	6	...	4	...	6	...	44	...		
(k) Rectum and anus ...	...	...	1	...	6	...	3	...	5	...	3	...	1	...	1	...	4	...	1	...	2	...	...	...	27	...		
(l) Liver ...	9	...	16	...	11	...	18	...	11	...	7	...	10	...	13	...	8	...	9	...	13	...	9	...	134	...		
(m) Gall bladder and ducts	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...			
(n) Pancreas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
(o) Peritoneum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	1	...	...	4		
IX. LYMPHATIC SYSTEM:—																												
(a) Spleen ...	2	...	2	...	3	...	2	...	2	...	...	...	2	...	3	...	...	...	4	...	...	...	1	...	21	...		
(b) Lymphatics ...	10	...	11	...	11	...	9	...	18	...	13	...	11	...	5	...	2	...	8	...	14	...	18	...	130	...		
X. THYROID BODY ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...		
XI. SUPRA-RENAL CAPSULES	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
XII. URINARY SYSTEM:—																												
(a) Kidneys and ducts	3	...	2	...	...	...	1	...	1	...	1	...	1	...	...	...	3	...	2	...	3	...	4	...	21	...		
(b) Urinary disorders ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
(c) Bladder ...	2	...	...	...	3	...	2	...	1	...	1	...	1	...	2	...	1	...	1	...	4	...	5	...	23	...		
XIII. GENERATIVE SYSTEM:—																												
MALE.																												
(a) Urethra ...	2	...	4	...	1	...	2	...	3	...	3	...	1	...	2	...	2	...	2	...	4	...	5	...	31	...		
ii Prostrate gland	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
iii Penis ...	1	...	2	...	5	...	1	...	3	...	3	...	2	...	2	...	...	...	1	...	6	...	...	...	26	...		
iv Scrotum ...	1	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	4	...		
v Spermatie cord	1	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	5	...		
vi Tunica vaginalis	1	...	2	...	2	...	1	...	10	...	1	...	1	...	1	...	3	...	3	...	2	...	6	...	13	...		
vii Testicle ...	7	...	8	...	4	...	7	...	...	...	4	...	2	...	1	...	...	...	...	...	5	...	...	...	60	...		
Fistula ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...		
FEMALE.																												
Pregnancy ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	3	...		
i Ovary ...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...		
ii Fallopian tube	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
iii Uterine ligaments, etc.	3	...	2	...	6	...	5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
v Uterus ...	2	...	2	...	2	...	3	...	1	...	1	...	1	...	1	...	1	...	...	...	...	...	1	...	8	...		
v Vagina ...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	9	...		
vi Vulva ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...		
vii Functional	1	...	2	...	3	...	...	...	5	...	2	...	1	...	2	...	3	...	3	...	2	...	2	...	26	...		
XIV. BREAST:—																												
(a) Male ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
(b) Female ...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	12	...		
Carried forward	985	...	973	...	1104	...	960	...	1084	...	993	...	949	1	1047	2	1097	1	879	1	1107	...	1044	1	12213	6		



Diseases.		January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.		For the Year.		Remarks.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Brought forward		985	...	973	...	1164	...	960	...	1084	...	993	...	949	1	1047	2	1097	1	879	1	1107	...	1044	1	12213	6	
XV. ORGANS OF LOCOMOTION:—																												
(a) Bones	...	1	...	2	...	10	...	5	...	3	...	3	...	1	...	1	...	13	...	...	...	2	...	3	...	44	...	
(b) Joints	...	9	...	9	...	13	...	10	...	10	...	9	...	3	...	3	...	10	...	2	...	4	...	5	...	89	...	
(c) Spine	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	
(d) Muscles	...	34	...	12	...	7	...	13	...	11	...	8	...	10	...	7	...	16	...	14	...	5	...	4	...	141	...	
(e) Tendons and fasciae	...	1	...	1	...	1	...	1	...	...	...	...	...	2	...	4	...	5	...	2	...	...	...	2	...	19	...	
Nails	...	3	...	2	...	2	...	3	...	8	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	22	...	
(f) Bursae and Sheaths of tendons.	...	7	...	3	...	4	...	8	...	1	...	2	...	5	...	3	...	5	...	6	...	5	...	5	...	54	...	
XVI. CONNECTIVE TISSUE		60	...	40	...	43	...	51	...	50	...	41	...	57	...	41	...	55	...	49	...	64	...	66	...	617	...	
Ulcer	...	39	...	26	...	29	...	24	...	15	...	24	...	41	...	35	...	27	...	36	...	43	...	36	...	375	...	
XVII. SKIN		202	...	186	...	196	...	199	...	216	...	200	...	237	...	273	...	288	...	235	...	252	...	208	...	2692	...	
XVIII. POISONS.		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
XIX. INJURIES		66	...	67	...	58	...	73	...	55	...	47	...	57	...	106	...	144	...	144	...	99	...	102	...	1018	...	
(a) GENERAL:—																												
i Lightning Stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
ii Sunstroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
iii Asphyxia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Burns	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	3	...	
(b) LOCAL:—																												
i Head and face	...	4	...	26	...	2	...	9	...	4	...	3	...	2	...	3	...	1	...	2	...	4	...	11	...	71	...	
ii Eye	...	3	...	...	...	...	...	...	...	2	...	1	...	...	...	1	...	2	...	6	...	1	...	1	...	17	...	
iii Ear	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	
iv Neck	...	...	...	...	...	2	...	1	...	...	...	1	...	2	...	...	...	1	...	2	...	4	...	4	...	17	...	
v Chest	...	1	...	3	...	6	...	3	...	4	...	1	...	...	...	...	...	1	...	...	...	...	...	3	...	22	...	
vi Back	...	2	...	1	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	...	...	
vii Abdomen	...	2	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	5	...	...	
viii Pelvis and gen: org:	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
ix Upper Extremity	...	31	...	9	...	8	...	4	...	7	...	4	...	41	...	6	...	7	...	8	...	14	...	7	...	146	...	
x Lower Extremity	...	34	...	11	...	37	...	34	...	48	...	33	...	4	...	46	...	40	...	64	...	46	...	44	...	441	...	
XX. SURGICAL OPERATIONS																												
Surgical	...	66	...	86	...	160	...	141	...	89	...	112	...	104	...	132	...	150	...	262	...	253	...	42	...	1597	...	
XXI. PARASITES:—																												
(a) Cestoda	...	9	...	5	...	5	...	4	...	4	...	4	...	5	...	4	...	8	...	10	...	2	...	6	...	66	...	
(b) Nematoda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(c) Filaria Medinensis	...	76	...	100	...	107	...	117	...	82	...	86	...	45	...	80	...	79	...	78	...	76	...	43	...	969	...	
(d) Other Nematoda	...	12	...	3	...	11	...	10	...	9	...	14	...	12	...	12	...	20	...	19	...	15	...	13	...	150	...	
(e) Insecta	...	11	...	11	...	14	...	10	...	10	...	7	...	16	...	10	...	16	...	20	...	8	...	13	...	146	...	
Total		1659	...	1576	...	1826	...	1682	...	1713	...	1598	...	1595	1	1814	2	1986	1	1839	1	2007	...	1662	1	20950	6	

G.—DETAIL OF OPERATIONS PERFORMED.

No.	Operation.						Result.
1	Amputation of Leg	...	...	...	...	...	Death. } Recovery. All successful.
1	" of Thumb	...	...	...	...	...	
1	" of Finger	...	...	...	...	...	
1	" of Toe	...	...	...	...	...	
7	Circumcision	...	...	...	...	...	Cured.
1	Excision of Exuberant Growth	...	...	...	...	...	
1	Excision of Tumour	...	...	...	...	...	
4	Extraction of Teeth	...	...	...	...	...	
1	Fistula in Ano	...	...	...	...	...	2 Successful and 1 died. Successful. Do. Do.
3	Elephantiasis of Scrotum and Penis	...	...	...	...	...	
1	Dissection Operation on Eye for Pterygium	...	...	...	...	...	
1	Tapping the Bladder for Stricture	...	...	...	...	...	
2	Removal of Tumour	...	...	...	...	...	

H.—NUMERICAL STATEMENT OF CASES OF SMALL-POX WHICH OCCURRED IN THE DISTRICT, WITH THE NUMBER VACCINATED DURING THE QUARTER.

Sex.	Remained.	Admitted.	Discharged cured.	Died.	Remaining.	Number vaccinated.		Remarks.
						Successful.	Unsuccessful.	
Male 68	...	68	56	12	4	173	237	
Female 52	...	52	42	5	5	110	53	
Totals... 120	...	120	98	17	9	283	290	

I.—STATISTICAL SUMMARY OF NON-OFFICIAL EUROPEANS.

Total Strength	...	...	...	...	308
" Deaths	...	...	...	...	20
" Invalided	...	...	...	...	10
Death rate	...	...	...	...	64.93
Invalided	...	...	...	...	32.46
					Per thousand.
					" "

To the HONOURABLE  
THE AG. COLONIAL SECRETARY,  
VICTORIABORG.

Signature, J. FARRELL EASMON, M.D.,  
Chief Medical Officer.  
Date, 31st July, 1894.

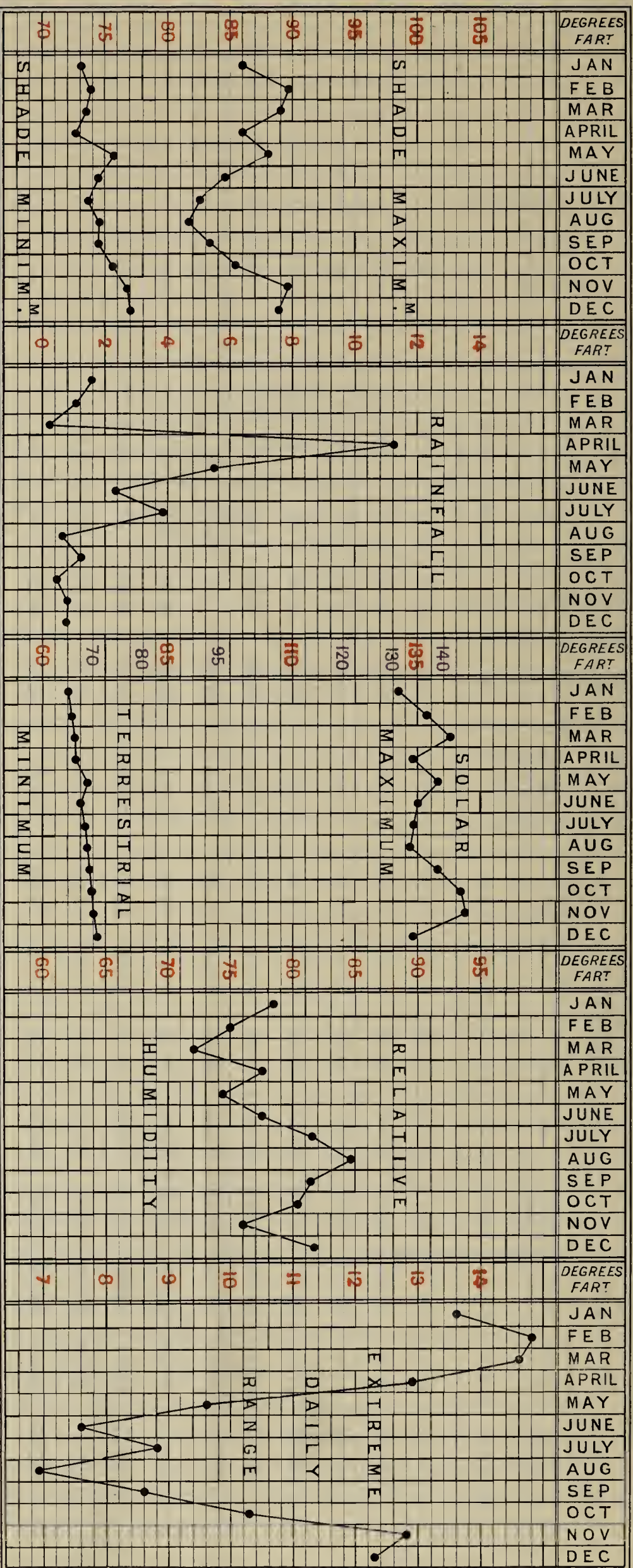


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APPENDIX 2.

METEOROLOGICAL OBSERVATIONS TAKEN AT THE ACCRA OBSERVATORY DURING THE YEAR 1893.

Months.	Thermometers.				Hygrometers.				Dew Point.	Relative Humidity.	Extreme Daily Range.	Wind.			Rainfall.	Greatestfall in one day.	Observations.
	Solar maxim.	Terrest. minim.	Shade maxim.	Shade minim.	Dry Bulb.		Wet Bulb.		Calculated daily on the means of two observations.								
					9 a.m.	5 p.m.	9 a.m.	5 p.m.									
												6 a.m.	5 p.m.	Force.			
January	131·54	65·74	86·64	72·77	81·29	81·58	76·48	76·74	74·09	78·45	13·61	S.W.	S.W.	.	1·65	.	
February	137·28	66·96	88·64	73·67	82·60	83·53	77·17	79·35	74·59	75·10	14·85	S.W.	S.W.	.	1·25	.	
March	140·80	67·80	88·22	73·61	84·22	83·90	77·74	78·77	74·31	72·83	14·61	S.	S.	.	·27	.	
April ...	134·90	67·23	86·03	72·86	81·20	82·23	76·96	77·73	74·09	77·50	12·96	E.	E.	.	11·13	.	
May ...	139·38	69·64	87·93	75·35	83·41	83·67	78·03	78·12	71·17	74·67	9·51	E.	S.	.	5·50	.	
June ...	135·86	67·90	84·53	74·23	81·06	80·13	76·46	75·50	72·96	77·66	7·6	N.E.	N.E.	.	2·52	.	
July ...	134·48	68·22	82·67	73·83	78·38	78·16	74·54	74·45	72·06	81·11	8·83	N.E.	S.W.	.	3·93	.	
August	133·77	68·64	81·38	74·16	78·29	76·93	75·00	74·38	72·68	84·93	6·93	W.	S.W.	.	2·61	.	
September	138·5	69·06	82·96	74·30	79·43	76·63	74·73	73·93	71·78	81·63	8·76	W.	S.W.	.	—	.	
October	142·80	70·06	85·45	75·38	82·25	79·35	76·45	76·22	73·98	80·35	10·29	—	—	.	—	.	
November	143·13	70·90	89·13	76·30	85·16	83·03	79·36	78·73	76·25	76·16	12·83	N.	S.W.	.	·77	.	
December	134·74	70·67	88·83	76·32	83·00	82·16	78·74	78·96	76·42	81·62	12·45	N.W.	S.W.	.	·75	.	



*Franklin*  
31.7.54



Duplicate.

APPENDIX 4.

RETURN OF RAINFALL AT ACCRA FROM 1886 TO 1893.

Months.	Years and Rainfalls in Inches.								Remarks.
	1886	1887	1888	1889	1890	1891	1892	1893	
January ...	--	0.43	0.43	0.48	—	0.82	—	1.65	
February ...	1.55	3.26	0.33	0.16	1.065	—	0.37	1.25	
March... ..	6.83	1.17	1.98	0.215	3.44	2.01	0.52	0.27	
April ... ..	4.40	4.46	3.14	2.67	6.58	2.33	6.70	11.13	
May ... ..	2.92	3.53	13.57	6.01	5.40	6.84	11.30	5.50	
June ... ..	2.40	15.87	10.63	4.75	4.94	6.82	4.16	2.52	
July ... ..	0.28	1.36	0.21	3.96	0.96	4.16	--	3.93	
August ... ..	—	--	0.05	0.17	0.41	0.06	0.18	2.61	
September ...	2.00	0.15	1.15	0.80	0.26	0.02	0.95	—	
October ... ..	1.09	2.32	2.46	2.12	2.57	1.92	3.17	—	
November ...	0.96	0.39	0.58	2.25	2.11	3.37	1.85	0.77	
December ...	0.30	1.92	0.43	1.80	1.80	0.27	0.07	0.75	
Totals ... ..	22.73	34.86	34.96	27.32	30.12	28.62	29.27	30.38	

J. FARRELL EASMON, M.D.,  
Chief Medical Officer.

MEDICAL DEPARTMENT, VICTORIABORG, ACCRA,  
31st July, 1894.

Duplicate.

APPENDIX 5.

NUMBER OF DAYS ON WHICH RAIN FELL IN EACH MONTH FROM 1890 TO 1893.

Months.	Years.				Remarks.
	1890	1891	1892	1893	
January ... ..	—	1	—	1	
February ... ..	1	—	1	2	
March ... ..	8	5	3	2	
April ... ..	12	5	8	10	
May ... ..	11	11	16	6	
June ... ..	12	16	4	5	
July ... ..	5	4	—	7	
August ... ..	4	2	2	1	
September ...	3	1	5	6	
October ... ..	5	2	9	2	
November ...	8	3	3	3	
December ... ..	4	1	1	1	
Total... ..	73	51	52	46	

J. FARRELL EASMON, M.D.,  
Chief Medical Officer.

MEDICAL DEPARTMENT, VICTORIABORG, ACCRA,  
31st July, 1894.

APPENDIX 6.

SUMMARY OF DATA IN REGARD TO SMALL POX IN THE GOLD COAST COLONY IN 1893.

District or Station.	Date first observed.	Nature of spread at onset.	Probable source of Origin.	Total Cases treated during the year.	Total Deaths during the year.	Method of preventive treatment.	Remarks.
Accra ...	21.1.93	Sporadic	Imported from South West Coast	6	...	Isolation in C.D.H.	The disease did not assume an epidemic form at any time at this station.
Ada ...	18.8.93	Epidemic	Kwitta	6	1	Do. in temporary huts	
Akim ...	...	...	...	...	...	...	No cases reported.
Axim ...	...	...	...	...	...	...	Do.
Cape Coast ...	7.7.93	Epidemic	Doubtful (?) Elmina	24	5	Do. C.D.H.	Confluent type.
Chama ...	...	...	...	...	...	...	No cases reported.
Elmina ...	31.1.93	Sporadic	Doubtful	59	8	Do. C.D.H.	Subsequently assumed epidemic form.
Kwitta ...	Middle of Aug., '93	Epidemic	Cape Coast	11	3	Do. temporary huts	
Salt Pond ...	Latter end of October, '93	Do. ...	"From the bush" mountains	7	...	Do.	Chiefly among Ga and Fanti residents, and disease spread along a straight line irrespective of direction of prevalent breeze.
Winneba ...	Do. ...	Do. ...	Do.	7	...	Do.	
Total				120	17		Mortality 14.16 per 1,000.

MEDICAL DEPARTMENT, VICTORIABORG,

J. FARRELL EASMON, M.D.,

31st July, 1894

Chief Medical Officer.



Duplicate.

## APPENDIX 7.

MEDICAL DEPARTMENT, AXIM,  
January 1st, 1894.

## REPORT ON HALF-YEARLY INSPECTION OF TOWNS AND VILLAGES IN DISTRICT.

To leeward the inspection extended as far as Ajemera, which is the largest village in that direction within the eight hour limit prescribed by Circular Memorandum No. 10 of 7/12/93.

*Ajemera* is particularly free from offensive sights and smells. There is an absence of rubbish from the streets, which are kept neat and clean. Many of the houses are large, built of swish and white-washed. The supply of water is derived from a rather stagnant stream, about ten minutes' walk from the town. There is no special burial ground, but there appears to be some desire for such on the part of the inhabitants. There is a small school-house built of bamboos.

The next village is Dontookrom, it also is in a comparatively clean condition. The inhabitants get their drinking water from a neighbouring river. Between Dontookrom and Axim there is a succession of small fishing hamlets none of which call for notice, except, that the nearer one gets to Axim, the more offensive to the sense of smell, do these little Villages and the neighbourhood become, and this condition reaches its maximum at that part of the road which leads directly from leeward into Axim, the air being charged with noxious odours, which result simply from the lazy and filthy habits of the people. It is expected, however, that this state of affairs will be ameliorated before long. Towards the interior, the villages of Ekwafu and Inzah were visited. Both these are remarkably clean. There appears to be a good drainage for surface water, so that the streets are dry and free from mud as well as from those collections of domestic rubbish which form so prominent a feature in the Apollonian villages and, indeed, in Axim itself. Of the two Inzah presents the better appearance, as it contains many good swish houses. The water supply of Inzah was not visited; Ekwafu is supplied from a neighbouring stream which has a rather more rapid current than most of the streams in this neighbourhood.

To Windward I reached as far as Esiama. The latter is a short distance beyond the eight hour radius, but I considered it advisable to visit the Cemetery which is being made there.

In regard to this Cemetery I was informed that its proposed area is about a hundred yards by forty; a space fifty by forty yards has already been well cleared and about half a dozen burials have taken place. Moreover, a good broad road has been cleared from the main road to the Cemetery. I had not time to notice anything further about the town of Esiama, except, that the supply of water is of a very inferior character, considering the size of the town. Between Esiama and the river Ankobra I visited the villages of *Asanta* and *Kikam*.

These Appollonian villages present a marked contrast to villages of the same size on the Axim side of the river. While the latter are, generally speaking, clean and well built, the former are dirty, ill-kept, and badly arranged. In *Asanta* the houses are too much crowded together and very few of them are built of swish or white-washed. There are collections and scattered tracts of rubbish and dirt all over the town, and immediately behind it, there is a stagnant filthy lagoon in which the people appear to do most of their washing. The source of the supply of drinking water was not visited as it is some distance away.

There is no school in the place. *Kikam* presents pretty much the same features as *Asanta*; if anything, the effluvium from the beach is more noticeable. There is, however, a neat little school-house, built of Bamboo, well lined and floored with matting and capable of accommodating about 40 pupils. The other villages on this route are small fishing hamlets, which call for no particular comment.

(Sgd.) W. M. ELLIOTT,  
Asst. Colonial Surgeon.



Duplicate

## APPENDIX 8.

SANITARY REPORT ON THE MORE IMPORTANT TOWNS AND VILLAGES IN  
THE SALT POND DISTRICT, UP TO 31st DECEMBER, 1893.

The more important Coast towns in this District are Narquah and Arkrah to the east and Anamaboe to the West.

*Narquah* is a long straggling town, built on the banks of the river called by that name, and has a population of about 2,000. This, like most of the towns and villages on the Coast line, is not quite so clean as it might be. The inhabitants are very prone to allow refuse, such as that of the shells and husks of corn to accumulate, without destroying it, which gives an air of untidiness to the place. The water supply is obtained from the river, which flows by close at hand, and compares favourably with the drinking water of other places. They have here the system of native latrines, which consists of digging pits in the ground and placing poles of bamboo, to form a kind of net work, over the aperture. These are made in different places, according to the necessities of the case, and form an easy and convenient mode of disposing of the excrement. The sites selected are those which will cause no contamination to the water supply, and at the same time occupy a position to the leeward of the town. The way to Narquah from Salt Pond, lies chiefly along the sea-shore, and offers no particular obstacles to travelling.

Travelling further eastward and crossing the Narquah we came to a town, more important commercially, than the last, called Arkrah. This is about sixteen miles from Salt Pond, with a population of about 2,500. The town is fairly clean, but similar remarks might be made as to the disposal of rubbish, as were made in the case of Narquah, although not to the same extent. The people in both places were informed and advised as to the better course to be taken. One source of annoyance to some of the inhabitants, was the presence of fish in the act of being cured, in the midst of the town. They were told definitely what to do, and later on this was enforced by the District Commissioner, so that this nuisance is, for the present, at any rate, abated.

The same method of disposing of human excrement is adopted here as at Narquah. The water supply is derived from the river.

*Mankessim*, situated to the north of Salt Pond, at a distance requiring two hours to reach it, is a town of considerable size. There are signs of many groups of people going backwards and forwards through this place from other towns and villages of the interior; and many of the bush roads converge here. There was a lack of general tidiness about the streets; but I met with no bad smells, and the system of latrines mentioned as occurring in other towns is also met with here. In fact, this is common to all of the places I have visited. Near by is the river Amissah, whence water is obtained. The country round about seems to be more cultivated than is generally the case, and the town is really a large market. I observed a fairly large blacksmiths' shop, and also a large Wesleyan School in the town.

*Abunco* is a town between Mankessim and Salt Pond of about 500 inhabitants.

There is nothing special to record here, and most of the remarks already made apply generally to it.

Some three hours' journey further on in the same direction (North) we came to *Adjumaku*, a fairly large town of about 1,500 inhabitants. There is one main thoroughfare or "High Street" through the town. This is a clean and orderly looking place, and would compare well with most of the towns in the bush. Many of the towns in the Interior I have noticed were built on a rising ground, which allows of a good amount of fresh air to sweep through them and adds greatly to the cleanliness, by allowing of their being properly drained. *Adjumaku* is one of these. Several small streams, close by, are tributaries of the Narquah, and these furnish the water supply.

*Essaman*, *Odoofoku* and *Saidu* were also visited. They are all about five hours' journey farther on, and all of them are clean; but especially *Essaman* and *Saidu*. They all are in proximity to the tributaries of the Narquah and they all have native latrines.

In most of these towns great attention seems to be paid to keeping the streets clean, as they usually appear to have been newly swept.

The following places were also visited on the Ashanti road, and its neighbourhood, viz:--*Affranqua*, *Duadi*, *Petuaku*, *Quaman*, *Duadi*, *Tobuasi*, *Papanchi*, *Dominasi*. With the exception of *Dominasi*, they were of a similar size, and with an average population of 500. The last named is a town of more importance, perhaps twice the size of the others.

At *Dominasi* is a Wesleyan School. This, like all of the others, was a clean and neat looking place with one or two very fair houses.

The remarks made above about such places as *Adjumaku* apply with equal force to this group of towns.

(Sgd.) J. T. C. JOHNSON,  
Asst. Colonial Surgeon.

30th December, 1893.



Duplicate.

## APPENDIX 9.

MEDICAL DEPARTMENT, ADDA,

November 13th, 1893.

No. M.  $\frac{74}{93}$ 

SIR,

I have the honour to inform you that I returned with District Commissioner Cummings yesterday morning from my tour of inspection on the River Volta.

2. We left Adda in Mr. Schroeder's Steam Launch about 6 o'clock a.m. on the 7th instant, and, remaining all night on the River, reached Duffo at 8 o'clock a.m. next morning.

3. *Duffo* is a small village on the right bank of the River and has suffered very much from the recent flood. Some of the houses have been washed away, others have been tumbled down and are lying in heaps with the thatch more or less rotten all round. Most of the refuse and long accumulated rubbish has luckily been also washed away and the place is at present fairly clean. At the back there is a deep stagnant pond which smells very badly. I spoke to the Chief about digging holes, with bamboo sticks at the side, to be used as latrines. This he promised to do.

4. *Aboriano*, which we next visited, has been almost entirely swept away by the flood and was quite deserted, the people having all gone to a native village about 2 hours' journey into the bush. On the opposite bank is a small village called *Volo*.

5. *Battor*, our next halting place, is a large village which has also suffered a good deal from the flood. The place is in a very dirty condition, I spoke to the Chief about cleaning it and also making latrine trenches. He promised to do so. We remained here all night, and early next morning went across to the left bank of the River to visit *New Battor*. This village, which is very prettily situated, is somewhat cleaner and seems to be much healthier than Battor.

6. *Mlefi*, which we reached about 2 o'clock p.m. on the 9th, is also in a very dilapidated and dirty condition, but contains some houses much cleaner and better looking than any we had yet seen. I had heard some time ago that Small Pox had broken out nearer here, but I could learn nothing of it and believe the report was not true. We slept here all night.

7. *Sukpe*, where we arrived about 10 o'clock a.m. next morning, is very clean in comparison with the other villages. Small latrine places have been dug on the outskirts, and steps had evidently been taken for the removal and burning of refuse. In walking through this village, we missed those smells which were so common and strong in the other villages visited.

8. *Aggravie*, our next stopping place, has suffered a good deal from the flood. It is the biggest village we had yet met, and was likewise the dirtiest. I spoke to the Chief about the general cleaning of the place, the removal of the rubbish heaps and the clearing away of the rotten thatch from the tumbled down houses. He promised to do so, and also promised to make latrines such as they had at the neighbouring village of Sukpe. We slept here all night.

9. *Big Adda*, which we reached on the evening of the 11th, has suffered little or nothing from the flood. The streets here are very narrow, just room in most of them for one person to pass at a time. The town, after the other villages we had visited, was a model of cleanliness. We stayed here all night and got back to Adda on the following morning.

10. The water supply of the different places visited is obtained from the River Volta. This water at present is not good, on account of the amount of refuse and swamps that have lately been washed into the river.

11. With some care and attention I believe all the villages we visited could be kept very clean. But the people require to be constantly spoken to and looked after. For this purpose I would suggest that each station be visited at least once a month by the District Medical Officer or the Inspector of Nuisances. Unless this is done, I do not think any good will follow chance visits paid at uncertain periods.

12. I am glad to say that during our tour Mr. Cummings and myself enjoyed very good health.

I have the honour to be, Sir,

Your Obedient Servant

(Sgd.) JOHN P. LYONS.

*Assistant Col. Surgeon.*

THE CHIEF MEDICAL OFFICER,  
VICTORIABORG, ACCRA.

[163063]



Duplicate.

## APPENDIX 10.

INSUAIM,

5th January, 1894.

No. 28.

SIR,

I have the honour to report the following results of my visit to Begoro, as it will be of advantage to the next Officer who may be sent thither to know what was done.

2. When Mr. Lethbridge and Dr. Spilsbury Smith were at Begoro, in 1887, they pulled down a quantity of houses for the purpose of making streets through the crowded parts of the town, which is rather a large one. The improvement has been very great and the people have shown their appreciation of it by requesting Mr. Mohr to make them another street in the same way.

3. There is a large plantation and garden attached to the Mission station, which the Missionaries have made and maintained at a great cost of labour and trouble: this is surrounded by a strong live fence, but notwithstanding this, the sheep and pigs work their way through, causing much damage to the garden and vexation to the Missionaries, who have repeatedly, but vainly, remonstrated with the Chief and the owners of the animals. The Missionaries also are not the only persons who have suffered in this respect.

4. With a view to putting a stop to this nuisance, I ordered the Chief to make a pound 20 feet square, with walls 6 feet high, and for which I selected a site, authorising him to charge 6d. for every sheep, pig or goat caught in a plantation which had been properly fenced. Half of this he was to keep for himself and the other half was to go to the person who caught the animal. If the beast remained in the pound for more than 24 hours, the Chief was to receive an additional 3d. Anybody attempting to rescue such an animal, which was being taken to the pound, or attempting to remove it thence, unless duly authorised by the Chief, might be fined £5.

5. I ordered that the streets should be daily swept by the householders, explaining to them the portion for which they were responsible, and authorising the Chief to fine any person 5s. who had failed to sweep his portion, by the time the Chapel bell rang at 9.30 a.m. each morning, of which amount the Chief could keep 3s. and devote the remainder to improving the streets and the town generally.

6. I gave the people 30 days, from the 26th December, to build a fence for their animals, and authorised the Chief, after that period had expired, to seize and impound every sheep, pig and goat which might be found straying in the streets after sunset, charging the usual fee of 6d.

7. These matters may appear very trivial but they will be of much benefit to the town if carried out. There are an immense number of animals in Begoro and they foul the streets very much.

8. I spoke to the people in a friendly and good humoured manner, and the regulations appeared to please them, for they quite entered into the spirit of what I told them and were quite willing at the time, at any rate, to carry out what I wished them to do. At the same time, I gave orders for a quantity of trees and bush to be cut down, and spoke in support of the Chief's authority, as the Captains and other people were inclined to disobey his proper orders.

I also caused a new road to be cut leading from Begoro to Fankeneko, but as this is a more important matter and requires further attention, I will make it the subject of a separate report.

I have, &amp;c.,

(Sgd.) H. M. HULL.

*Travelling Commissioner.*

HIS EXCELLENCY,

THE ACTING GOVERNOR.



Duplicate.

## APPENDIX 11.

## RETURN OF OFFICERS APPOINTED DURING THE YEAR 1893.

Rank.	Name.	Date of Appointment.	Remarks.
Ex Clerk Deptl. Office ...	J. E. Solomon ...	1.3.93	
Do. ...	H. F. Blissett ...	1.10.93	
Wardkeeper C. C. Hosptl.	J. W. Ephraim ...	1.5.93	<i>vice</i> J. C. H. Bruce, promoted as E. Nurse.
European Nurse, C. C. ...	Do. ...	1.12.93	<i>vice</i> Bruce, promoted as Dresser.
Dresser, C. Coast ...	J. C. H. Bruce ...	1.5.93	
European Nurse, Elmina...	J. W. Condua ...	1.12.93	
Dresser, Elmina Hospital ..	J. W. Ansah ...	1.1.93	<i>vice</i> J. J. Smith, dismissed.
Dispenser, Winneba ...	J. H. Smith ...	10.10.93	
European Nurse, C. C. ...	J. C. H. Bruce ...	1.12.93	<i>vice</i> J. H. Smith, appointed as Dispenser, W'ba.
Asst.-Col. Surgeon ...	J. O. Coker ..	11.3.93	
Do. ...	J. P. Lyons...	22.4.93	
Do. ...	M. C. Wright ...	14.6.93	
Do. ...	W. M. Elliott ...	24.6.93	
Do. ...	G. R. Hall ...	16.8.93	
Do. ...	F. C. Lenehan ...	16.8.93	
Do. ...	C. Macmaster ...	13.9.93	
Wardkeeper, Elmina Hospl.	J. Hayford ...	11.4.93	<i>vice</i> J. W. Ansah, promoted.
Do. ...	E. Louis ...	30.6.93	<i>vice</i> Condua, promoted.
Cook, C. C. Hospital ...	Quaimina ...	2.2.93	appointed, <i>vice</i> Dickson, dismissed.
Wardkeeper, Accra Hosptl.	Jonas Sampson ..	1.12.93	
Asst. Dresser, Kwitta ...	R. T. Antoni ...	1.9.93	appointed, <i>vice</i> W. Malm, dismissed.
Insp. of Nuisances, Accra	A. S. Addoo ...	1.11.93	Do. A. C. Thompson, do.
Do. ...	J. B. Cheetham ...	10.4.93	Do. I. J. Bright, dismissed.
Insp. of N., Accra District	F. C. Lokko ...	5.1.93	Do. Allen.
Keeper, L. Asylum ...	T. W. Bryden ...	24.4.93	Do. G. A. Glover, dismissed
Do. ...	G. W. Quartey ...	1.11.93	Do. Tagoe do.
Do. ...	S. B. Crabbe ...	1.12.93	Do. Amissah, discharged.
Gaol Dresser, Accra ...	T. Holm ...	1.12.93	<i>vice</i> Cadmus, transferred to Accra Hospital.
Pupil, Accra Hospital ...	H. D. Laryea ...	1.5.93	<i>vice</i> Kimfull, resigned, 1892.
Do. ...	J. G. Hansen ...	1.7.93	appointed, <i>vice</i> Laryea, resigned.
Gatekeeper, L. Asylum ...	Cudjoe Opay ...	1.4.93	
E. N., Accra Hospital ...	E. A. Ashie ..	1.5.93	
Do. ...	J. W. Amarteifio ...	1.5.93	
Do. ...	S. N. Dodoo ...	21.5.93	
Do. ...	N. H. Lamptey ...	1.5.93	
SANITARY DEPARTMENT.			
Insp. of Nuisances, Ada	E. A. Erskine ...	1.1.93	
Do. Anamaboe	The Cus. O. in Charge	1.1.93	
Do. S. Pond...	J. L. Asanti ...	1.1.93	

J. FARRELL EASMON, M.D.

*Chief Medical Officer.*

MEDICAL DEPARTMENT, V'BORG, ACCRA,  
31st July, 1894.

Duplicate.

## APPENDIX 12.

NOMINAL RETURN AND SYNOPTICAL RECORD OF SERVICES OF THE MEDICAL OFFICERS  
OF THE COLONY.

Name.	Detail of Movements.	Remarks.
J. D. M'Carthy ...	On leave from 1st January to the 15th May, and retired on pension from the 16th of that month, on the grounds of ill-health.	
J. F. Easmon ...	Left for Aburi for the benefit of his health on March 19th, and returned to Accra on April 3rd. Appointed Chief Medical Officer, Gold Coast Colony, from May 17th, <i>vice</i> Dr. J. D. M'Carthy, retired from the 16th May. To Ada by S.S. "Benin" to see Dr. Ferrier, seriously ill, on June 5th. Passed off with the same steamer on June 6th to Axim, and returned to Accra, per S.S. "Angola, on June 16th. Left for Winneba, on tour of inspection, on July 10th, and returned to Accra from Elima by S.S. "Niger" on August 4th.	
D. Waldron ...	Arrived at Accra from leave of absence, per S.S. "Cabenda." To Cape Coast on 18th December to relieve Dr. Forde of the duties of Medical Officer and Health Officer; arrived on the 19th, and took over medical charge of that district on the 21st.	
J. S. Smith ...	Left Ada, per S.S. "Niger," for Tarkwa, via Cape Coast, on February 7th.	
W. T. Prout ...	On leave at beginning of year; appointed Colonial Surgeon, Gambia, while on leave on April 17th.	
B. W. Q. Papafio	Arrived at Ada on February 19th from Croboe, <i>en route</i> for Kwitta; arrived at Kwitta on February 21st, and commenced duty on the 22nd. Left Kwitta for Ada overland to attend Dr. Ferrier, ill, on May 31st; arrived there on the 1st June. Left Ada by S.S. "Benin" as far as Sierra Leone in medical charge of Dr. Ferrier, invalided to England, on June 6th. Returned to Accra, per S.S. "Dahomey," from Sierra Leone on June 24th. Left Accra by a German boat on June 27th for Quitta, where he arrived and resumed duty on the 28th.	
E. R. Howe ...	Handed over the medical duties, Kwitta District, to Dr. Seymour on January 25th. Left and arrived at Ada from Kwitta on January 27th. Took over from Dr. Smith on January 30th. Left for Kwitta, on account of Dr. Seymour's death, on February 12th. Returned to Ada on February 17th. Handed over medical duties at Ada to Dr. Ferrier on April 17th. Left and arrived at Accra from Ada, per S.S. "Dahomey," on April 21st. To Aburi for the benefit of his health on May 13th. Returned to Accra on June 8th. Left for England, per S.S. "Calabar," on leave of absence, on July 4th. Leave extended for two months from 3rd January, 1894, on account of ill-health.	
W. A. Murray ...	Left Cape Coast for England, on leave, by S.S. "Volta," on March 10th. Returned to Accra, from leave, by S.S. "Roquelle," on October 2nd. Left Accra as Principal Medical Officer of the Attabubu Expedition on October 11th.	
T. Ferrer ...	Returned from leave to Accra, per S.S. "Benguela," on March 2nd. Left overland for Ada, to relieve Dr. Howe, on April 12th, and arrived at Ada on the night of the 14th. Took over medical duties from Dr. Howe on the 17th. To Kwitta, to assist Dr. Papafio in attending Mr. Hughes, Foreman of Works, seriously ill, on May 21st, and returned to Ada on the 24th. Left Ada for England, per S.S. "Benin," invalided, on June 5th. Died off Sierra Leone on June 13th.	
P. H. Power ...	Arrived at Accra, from England, on January 14th. Left for Cape Coast, by the S.S. "Volta," to relieve Dr. Murray, on March 8th. Arrived there on March 10th. Left Cape Coast for Accra, by S.S. "Calabar," to attend the Assizes, on June 10th, and arrived on the 13th. Returned to Cape Coast, by the S.S. "Volta," on the 20th. Arrived there on the same day, and relieved Dr. Taylor of the medical duties of that station. Relieved by Dr. Forde on the 25th October, and proceeded to Accra, by S.S. "Teneriffe," on the 27th, and on the same day, interdicted from his duties. Resigned his appointment on and from the 22nd November.	



Name.	Detail of Movements.	Remarks.
R. M. Forde ...	Returned to Accra, per S.S. "Matadi," from England, on leave, on June 20th. Left, per S.S. "Lagos," for Elmina, <i>via</i> Cape Coast, on the 21st. Arrived there on the 25th, and relieved Dr. Connolly on 1st July. Relieved by Dr. Macmaster on the 24th October. Proceeded to Cape Coast, and relieved Dr. Power on the 25th July. Relieved by Dr. Waldron, and left for Ada on the 30th of December.	
Wm. Taylor ...	Left for Cape Coast on June 10th to relieve Dr. Power, and arrived there on the same day. Was relieved by Dr. Power on the 20th, and embarked for England on leave.	
R. M. Connolly...	Relieved by Dr. Forde, at Elmina, on July 1st, and embarked for England, on leave, on the 5th.	
Wm. Seymour ...	Embarked at Accra for Kwitta, by the S.S. "Niger," on the 23rd January. Arrived there on the 25th, and relieved Dr. Howe, of the medical duties. Died on the 12th February.	
V. F. Lennane ...	Left Axim, by the S.S. "Accra," for Accra, ill, on the 21st August; arrived at Accra on the 23rd, and was invalided to England on the 31st by the S.S. "Boma." Resigned his appointment on medical grounds.	
J. T. C. Johnson ...	To Accra from Winneba, to give evidence in the Supreme Court, on the 3rd January; returned on the 6th and arrived there on the 7th, and resumed duty on the same day. Arrived at Accra from Winneba on June 14th to attend Assizes, returned to Winneba on the 30th, and on the 1st of July arrived and resumed duties. Left for Salt Pond for duty, by S.S. "Calabar," on July 5th and arrived there on the 6th.	
P. Gardiner ...	Services dispensed with on January 13th.	
J. O. Coker ...	Arrived at Accra from Lagos, by the S.S. "Lagos," on March 14th. Left overland, <i>via</i> Salt Pond, on 23rd August to join the Railway Survey Expedition; returned to Accra on 30th October.	
J. P. Lyons ...	Arrived at Accra, by S.S. "Volta," from England on 23rd May, and on the 5th June left overland to Ada to relieve Dr. Ferrier, and arrived there on the 6th. To Kwitta, October 12th to give evidence in Court, and returned to Ada on the 17th. Left, per S.S. "Accra," for Accra, ill, and arrived on the same day, December 25th.	
M. C. Wright ...	Arrived at Accra from England, by S.S. "Benguela," on the 2nd July, and on the 29th was detailed for duty at Winneba, where he assumed duties on the 1st August.	
W. M. Elliott ...	Arrived at Accra from England, by S.S. "Teneriffe," on July 23rd. Left, per S.S. "Boma," for Axim for duty on the 31st August; arrived there on the 1st of September and assumed duties on the 2nd.	
G. R. Hall ...	Arrived at Accra from England, by S.S. "Cameroon," on September 4th, and proceeded by the same steamer to Lagos for duty in that Colony.	
F. C. Lenehan ...	Arrived at Accra from England, by S.S. "Cameroon," on 4th September, and joined the Attabubu Expedition on the 2nd October.	
C. Macmaster ...	Arrived at Accra from England on October 2nd by the S.S. "Roquette." Left for Elmina, per S.S. "Angola," on the 21st, arrived on the 22nd, and relieved Dr. Forde of the medical duties of that station on the 24th.	

J. FARRELL EASMON, M.D.,

*Chief Medical Officer.*

MEDICAL DEPARTMENT, V'BORG, ACCRA,  
31st July, 1894.

Duplicate.

APPENDIX 13.

RETURN OF OFFICERS INVALIDED OR DIED DURING THE YEAR 1893.

Rank.	Name.	Date Invalided.	Date of Death.	Remarks.
Asst. Col. Surgeon	W. Seymour ...	...	12.2.93	Died at Kwitta.
Do.	E. R. Howe ...	4.7.93	...	To England.
Do.	T. Ferrier ...	5.6.93	13.6.93	Died at Sierra Leone.
Do.	V. F. Lemane ...	21.8.93	...	Invalided to Accra from Axim.
Do.	Do. ...	31.10.93	...	Invalided to England.

MEDICAL DEPARTMENT, V'BORG, ACCRA,  
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J. FARRELL EASMON,  
Chief Medical Officer.

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APPENDIX 14.

RETURN OF OFFICERS WHOSE SERVICES WERE DETERMINED DURING THE YEAR 1893.

Rank.	Name.	Date.	Remarks.
Asst. Col. Surgeon ...	P. Gardiner ...	13.1.93	Services dispensed with.
Wardkeeper, Accra Hospl. ...	G. W. Tagoe ...	8.11.93	Dismissed for assaulting a patient in the Hospital.
Cook, Cape Coast... ..	T. Dickson ...	1.2.93	Dismissed for Drunkenness.
Inspr. of Nuisances, Christiansborg	F. J. Abbey ...	18.10.93	Dismissed for insubordination.
Asst. Insp. of Nce., Accra ...	A. C. Thompson	4.12.93	Dismissed for Embezzlement.
Asst. Warder, Asylum ...	C. Samson ...	23.11.93	Discharged for refusal to sign Contract.
Keeper, Asylum ...	H. D. Tagoe ...	16.10.93	Dismissed for Drunkenness.
Do. ...	G. Amissah ...	23.10.93	Discharged for refusal to sign Contract.
Pupil, Accra Hospl. ...	J. G. Hansen ...	17.8.93	Dismissed.
Gateman, Asylum ...	Cudjoe Opay ...	23.11.93	Discharged for refusal to sign Contract.
Asst. Insp. of Nce., Accra ...	I. J. Bright ...	1.2.93	Dismissed for dereliction of duty.
Keeper, Asylum ...	G. A. Glover ...	17.4.93	Dismissed for absence without leave.
Watchman, Hospl. ...	Lamptey ...	1.10.93	Do. do.

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Chief Medical Officer.

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APPENDIX 15.

RETURN OF OFFICERS RESIGNED DURING THE YEAR 1893.

Rank.	Name.	Date of resignation.	Remarks.
Asst. Col. Surgeon ...	P. H. Power ...	22.11.93	By special permission.
Dispenser, Axim ...	J. Dadgie ...	1.3.93	Rejoined the Niger Protectorate.
Asst. Dresser, Kwitta ...	W. Malm ...	14.6.93	
Pupil, A. Hospital ...	H. D. Laryea ...	31.5.93	By special permission.

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Chief Medical Officer.



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## APPENDIX 16.

RETURN OF OFFICERS WHOSE SALARIES HAVE BEEN RAISED DURING THE YEAR 1893.

Rank.	Name.	Date.	Remarks.
Chief Med. Officer ... ..	Dr. J. F. Easmon ... ..	17.5.93	£800, appointed C.M.O.
Asst. Col. Surgeon ... ..	Dr. W. A. Murray ... ..	15.6.93	375 per annum.
Chief Clerk ... ..	W. Bannerman ... ..	1.1.93	72 " "
Junior, do. ... ..	J. W. Otchere ... ..	1.1.93	45 " "
Storekeeper and Issuer... ..	D. O. Paterson ... ..	1.1.93	72 " " from 1.9.93.
Dispenser, Accra ... ..	A. G. Peters ... ..	1.1.93	85 " "
Asst., do., do. ... ..	A. O. Ashong ... ..	1.1.93	48 " "
Chief Warder, Asylum... ..	J. W. Kelson ... ..	1.1.93	60 " "
Matron, do. ... ..	Abrah ... ..	1.1.93	24 " "
Male Nurse, C.D.H. ... ..	H. Zoozaye ... ..	1.1.93	36 " "
Female, do., do.... ..	Akua ... ..	1.1.93	18 " "
Dispenser, Ada ... ..	E. A. Erskine ... ..	1.1.93	48 " "
Asst. Dresser, do. ... ..	J. Samson ... ..	1.1.93	18 " "
Dispenser, C. Coast ... ..	J. Catoe ... ..	1.1.93	60 " "
Do., Elmina ... ..	S. P. Bruce ... ..	1.1.93	60 " "
Do., Kwitta ... ..	E. H. Vanderpuye ... ..	1.1.93	48 " "
Do., S. Pond ... ..	J. L. Asanti ... ..	1.1.93	48 " "
Asst. Dresser, Kwitta ... ..	W. H. Malm ... ..	1.1.93	18 " "
Insp <sup>r</sup> . of Nuis., Accra ... ..	F. C. Lokko ... ..	5.1.93	72 " "
Do., C. Coast ... ..	A. C. Thompson ... ..	1.1.93	42 " "
Do., Elmina ... ..	L. E. Hodibert ... ..	1.1.93	48 " "

MEDICAL DEPARTMENT, VICTORIABORG, ACCRA,  
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Chief Medical Officer.

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## APPENDIX 17.

RETURN OF OFFICERS WHOSE APPOINTMENTS WERE CONFIRMED DURING THE YEAR 1893.

Rank.	Name.	Date of Confirmation of appointment.	Remarks.
Pupil, Accra Hospital ... ..	J. W. Richardson ... ..	1.2.93	
Dresser, Elmina ... ..	J. W. Ansah ... ..	1.4.93	
Hospital, Steward ... ..	W. A. Thompson ... ..	1.2.93	
Ass <sup>t</sup> . Dresser, Kwitta ... ..	R. T. Antoni ... ..	1.12.93	

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Chief Medical Officer.

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## APPENDIX 18.

RETURN OF OFFICERS GRANTED LEAVE OF ABSENCE DURING 1893.

Rank.	Name.	Date leave granted.	Remarks.
Asst. Col. Surgeon ... ..	W. A. Murray ... ..	10.3.93	To England on 6 months' and 30 days' leave of absence.
Do. ... ..	W. Taylor ... ..	20.6.93	Left for England on leave.
Do. ... ..	R. M. Connolly ... ..	5.7.93	Do.
Matron, Asylum ... ..	Abrah ... ..	9.11.93	1 month 2 wks. full, and 2 weeks $\frac{1}{2}$ salaries.
Dispenser, Kwitta ... ..	E. H. Vanderpuye... ..	4.7.93	Granted 2 months' leave on full salary
Insp <sup>r</sup> . of Nuis., Aburi ... ..	W. Crowther ... ..	11.7.93	To England on 6 months' leave.

MEDICAL DEPARTMENT, V'BORG, ACCRA,  
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Chief Medical Officer.

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APPENDIX 19.

RETURN OF OFFICERS WHOSE LEAVE WAS EXTENDED DURING THE YEAR 1893.

Rank.	Name.	Period of Extension.	Remarks.
Asst. Colonial Surgeon	T. Ferrier	...	Leave extended without salary until arrival at Accra of the Steamer leaving Liverpool on the 8/2/93.
Do.	R. M. Connolly	...	Leave extended until arrival at Accra of the Steamer leaving Liverpool on the 17th January.
Do.	V. F. Lennane	...	100 days from 31/8/93, full salary. Extension of further leave from 8/12/93 on the ground of ill-health.

MEDICAL DEPARTMENT, ACCRA,  
31st July, 1894.

J. FARRELL EASMON, M.D.,  
Chief Medical Officer

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APPENDIX 20.

NOMINAL RETURN OF SUBORDINATE OFFICERS OF THE MEDICAL DEPARTMENT WHO HAVE GIVEN BONDS OR OTHERWISE LEGALLY CONTRACTED FOR THE DUE PERFORMANCE OF THEIR DUTIES DURING THE YEAR 1893.

Class.	Name.	Nature of Contract.	Amount of Bond.	Remarks.
Keeper, Lunatic Asylum	T. A. Bryden	For the due performance of his duties	£ s. d. 36 0 0	Agreement expires after 3 years.
Do.	G. W. Quartey	Do.	36 0 0	
Male Nurse, C.D.H.	H. Zoozaye	Do.	36 0 0	
Female Do.	Akua	Do.	18 0 0	
Dresser, Accra Hosptl.	Alex. Davies	Do.	36 0 0	
Pupil, Do.	J. A. Tsentor	Do.	...	
Do. Do.	F. C. Wulff	Do.	...	
Do.	J. L. Richardson	Do.	...	
Do.	H. D. Laryea	Do.	...	
European Nurse	J. W. Amarteifio	Do.	30 0 0	

J. FARRELL EASMON, M.D.  
Chief Medical Officer.

MEDICAL DEPARTMENT, V'BORG, ACCRA,  
31st July, 1894.

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APPENDIX 21.

RETURN OF OFFICERS WHO RESUMED DUTIES FROM LEAVE DURING 1893.

Rank,	Name,	Date of resumption of duty,	Remarks.
Asst. Col. Surgeon ...	D. Waldron ...	24.7.93	Resumed duties at Accra from leave.
Do. ...	W. A. Murray ...	2.10.93	To Accra from leave.
Do. ...	P. H. Power ...	14.1.93	Do.
Do. ...	R. M. Forde ...	10.6.93	Do.
Matron, L. Asylum ...	Abrah ...	9.12.93	Do.
Dispenser, Kwitta ...	E. H. Vanderpuye	4.9.93	Resumed duties in Accra Hospital.

J. FARRELL EASMON, M.D.,  
Chief Medical Officer,

MEDICAL DEPARTMENT, V'BORG, ACCRA.  
31st July, 1894.



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APPENDIX 22.

ANNUAL RETURN OF PATIENTS TREATED IN THE ACCRA HOSPITAL FROM 1886 TO 1893.

Year.			Remained.	Admitted.	Daily average in Hospital.	Discharged.			Deaths.	Remarks.
						Cured.	Relieved.	Not improved.		
1886	...	...	20	456	13·71	325	91	29	31	
1887	...	...	29	394	24·89	297	70	15	3	
1888	...	...	18	501	29·23	372	68	—	36	
1889	...	...	42	539	36·33	362	134	4	41	
1890	...	...	25	468	27·34	347	79	18	22	
1891	...	...	27	539	58·67	335	195	24	21	
1892	...	...	32	796	40·47	518	197	30	53	
1893	...	...	29	730	35·77	467	190	19	46	
Grand Total			222	4,423	266·41	3,023	1024	139	253	
Annual Average			27·75	552·87	33·30	377·87	128·00	17·37	31·62	

J. FARRELL EASMON, M.D.,  
*Chief Medical Officer.*

MEDICAL DEPARTMENT, V'BORG,  
31st July, 1894.

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APPENDIX 23.

ANNUAL RETURN OF PATIENTS TREATED IN THE CAPE COAST HOSPITAL FROM 1886 TO 1893.

Year.			Remained.	Admitted.	Daily average in Hospital.	Discharged.			Deaths.	Remarks.
						Cured.	Relieved.	Not improved.		
1886	...	...	12	135	62·98	101	23	2	4	
1887	..	...	18	299	18·71	217	62	8	21	
1888	...	...	19	171	11·02	105	45	9	17	
1889	...	...	15	164	12·78	88	34	11	28	
1890	...	...	4	127	6·85	70	30	16	11	
1891	...	...	4	97	5·98	36	29	8	10	
1892	...	...	18	158	15·28	88	51	8	14	
1893	...	...	15	146	10·50	83	46	3	18	
Grand Total			105	1,297	144·10	788	320	65	123	
Annual Average			13·12	162·12	18·01	98·50	40·00	8·12	15·37	

J. FARRELL EASMON, M.D.,  
*Chief Medical Officer.*

MEDICAL DEPARTMENT, V'BORG  
31st July, 1894.

Duplicate.

APPENDIX 24.

ANNUAL RETURN OF PATIENTS TREATED IN THE ELMINA HOSPITAL FROM 1886 TO 1893.

Year.	Remained.	Admitted.	Daily average in Hospital.	Discharged.			Deaths.	Remarks.
				Cured.	Relieved.	Not Improved.		
1886 ... ..	13	331	17·5	283	22	6	11	
1887 ... ..	22	378	17·16	303	52	6	9	
1888 ... ..	30	364	19·21	233	113	3	6	
1889 ... ..	9	333	16·95	236	78	2	19	
1890 ... ..	7	191	9·8	106	70	6	12	
1891 ... ..	4	176	9·8	141	5	8	12	
1892 ... ..	13	277	30·10	234	24	9	4	
1893 ... ..	19	347	24·23	240	70	14	24	
Grand Total ...	117	2,397	142·86	1,776	434	54	97	
Annual Average	14·62	299·62	17·85	222·00	54·25	6·75	12·12	

J. FARRELL EASMON, M.D.,  
MEDICAL DEPARTMENT, VICTORIABORG,  
31st July, 1894.

Chief Medical Officer.

Duplicate.

APPENDIX 25.

THE FOLLOWING RULES IN REGARD TO THE CLASSES OF PERSONS WHO MAY RECEIVE ATTENDANCE FREE OF CHARGE AT A GOVERNMENT HOSPITAL OR DISPENSARY IN THIS COLONY ARE PUBLISHED FOR GENERAL INFORMATION.

- “Paupers” alone to receive attendance gratis.

Definition of term “pauper.”

Certain “paupers” to pay fees to Medical Officer.

Attendance on “paupers” at their private residences to be paid for.

Employer of “paupers” liable for payment for attendances at the homes of their employed.

A return of paupers paying for treatment at a Government Dispensary to be forwarded to the C.M.O. monthly.

No fees to be claimed or accepted by subordinate Officers at a Public Hospital or Dispensary.
1. All paupers, and none but paupers, who apply at the Outdoor Department of a Colonial Hospital, or at a Dispensary, shall receive Medical or Surgical aid at such Colonial Hospital or Dispensary free of charge.

2. The term “Pauper” as herein employed shall include all Mechanics, Fishermen, Boatmen, Servants, Labourers, and the daily-wage earning classes generally.

3. Where it is definitely known, however, to the Surgeon that one of the above-named Classes of persons has sufficient means to admit of his paying a fee, the applicant should be requested to pay to the Surgeon a fee proportionate to his means.

4. If one of the above Classes requests a Surgeon to visit him at his home, he will, of course, be regarded by the Surgeon as a private Patient, and be liable to be charged a certain fee for each visit; such fee shall be proportionate to the Patient’s means.

5. Where an employer requests a Surgeon to visit one of his employés at his home or instructs the latter to call upon the Surgeon at his residence for treatment, in either case the employer will be liable for the fee charged.

Note.—Much trouble will be obviated if the Surgeon and the Employer come to an agreement as to the amount of the fee to be charged per visit or for the entire treatment of the case, or for the performance of an operation, as the case may be.

6. A Return of cases treated under § III. of these Rules shall be forwarded monthly to the Chief Medical Officer, showing the name, occupation and disease of Patient, duration of illness and the fee recovered.

7. No subordinate Officer or servant connected with a Hospital or Dispensary is in any case to take money or presents of any kind from Patients or from the friends of Patients under pain of dismissal.

By Order,

J. FARRELL EASMON, M.D.,  
Chief Medical Officer.

MEDICAL DEPARTMENT, VICTORIABORG, ACCRA,  
23rd November, 1893.



Duplicate.

APPENDIX 26.

STATISTICAL RETURN SHEWING ADMISSIONS, DISCHARGES, DEATHS, AND CLASSES OF PATIENTS  
TREATED IN THE LUNATIC ASYLUM, VICTORIABORG, ACCRA.

Year.	Admissions.			Discharges.			Average Daily Number.			Total Deaths.	Classes of Patients.					Remarks.
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Fe- male.	Total.		Maniacal and Dangerous.	Quiet, Chronic	Melancholy and Suicidal.	Idiotic, Paralytic, Epileptic.		
1887	14	5	19	1	—	1	8·97	2·83	11·80	2	2	12	3	2		
1888	17	3	20	4	—	4	13·8	4·58	17·66	11	4	25	4	3		
1889	10	3	13	5	2	7	17·44	5·9	22·53	5	5	22	4	2		
1890	12	—	12	3	—	3	17·51	4·7	21·58	7	7	20	1	2		
1891	10	3	13	3	—	3	23·16	4·58	27·74	4	10	13	1	5		
1892	21	2	23	8	—	8	26·35	6·16	32·51	7	13	16	2	2		
1893	8	4	12	5	2	7	27·27	7·81	35·08	2	14	12	6	7		

J. FARRELL EASMON, M.D.,  
Chief Medical Officer.

MEDICAL DEPARTMENT, VICTORIABORG, ACCRA,  
31st July, 1894.

Duplicate.

APPENDIX 27.

REPORT ON THE ACCRA HOSPITAL FOR THE YEAR, 1893.

It has fallen to my lot, after just barely completing the first year of service as an Assistant Surgeon of the Colony, to submit a report on the Accra Hospital for the year 1893 the charge of which I had for only 10 months.

I feel I cannot do better than to follow the precepts of Dr. Freeman, who reported on the same in 1891, so as to point out what has been so far achieved, to render this Hospital the Medical Head-quarters of the Colony.

In the year 1892, matters were apparently in *statu quo*, and it evidently was thought unnecessary to demand a report, as the various suggestions and schemes for improving the Medical Department, were then under the consideration of this Government.

With the year 1893 practically began a new era in the annals of this institution, coincident with the appointment of Dr. J. F. Easmon as Chief Medical Officer of the Colony, *vice* Dr. J. D. Macarthy.

In the Hospital the first and foremost sign of improvement, was the increase in number of Staff.

Vide following table :—

1891.				1893.			
Surgeon in Charge	...	...	1	Surgeon in Charge	...	...	1
Chief Dispenser	...	...	1	Consulting Surgeon	...	...	1
Assistant Dispenser	...	...	1	Chief Dispenser	...	...	1
Dresser	...	...	1	Asst. Dispenser	...	...	1
Nurses in C.D.H.—				Dispensary Pupils	...	...	4
Males	...	...	2	Dressers and Nurses	...	...	7
Female	...	...	1	Female Nurse (in C.D.H.)	...	...	1
Supernumeraries—				Supernumeraries—			
Steward	...	...	1	Steward	...	...	1
Cook	...	...	1	Cook	...	...	1
Watchman	...	...	1	Asst. Cook	...	...	1
Labourers	...	...	6	Watchmen (1 for C.D.H.)	...	...	2
				Labourers	...	...	6

It is rather difficult to obtain intelligent young men for vacancies in the Medical, and I dare say, in other Departments of the Gold Coast Service; those easily got, are more or less illiterate, scarcely able to understand the English language and scientifically distinguish their right hands from their left.

With the object of rendering the Staff efficient in quality, Resident Surgeons (Senior and Junior) have been instructed by the Chief Medical Officer, to alternately deliver systematic lectures to pupils, dressers, and Nurses, on Pharmacy, Materia Medica, Nursing and Bandaging respectively: I am happy to say that under this regime three pupils have passed successfully the necessary examinations for qualification as Druggists, under the Druggist Ordinance; and further—



more, the Salaries of the Hospital and entire Medical Staff have been increased, a great inducement to service in the Colony.

With the view of stopping those who were in the habit of applying for Hospital treatment as paupers, and could very well afford to pay, a public notice has been issued, defining the term pauper; and return of fees recovered by Surgeons from paying paupers, has been demanded monthly by the Chief Medical Officer: in cases of overcharges, the Chief Medical Officer reserves to himself the right to call for an explanation from Surgeons in Charge of Dispensaries, thereby protecting the interests of this particular class of patients, and those of the Surgeons as well.

The public have likewise been informed of the Hospital Regulations, with full details as to days and hours of the week, when both special and general consultations could be obtained at the Hospital.

The extension of the present building is urgently required, to cope with the large number of patients, which the above notification must necessarily bring; at present there is only one consulting room available for both special and Ordinary Cases, no available room for dressing Out-patients, especially during the rainy season; the only space serving that purpose is the west lower verandah, just beneath the staircase, very inconvenient, especially during the rains.

The monopoly of the Hospital by the Constabulary men still continues, although I have been informed that the Government have approved of the erection of a Military Hospital, yet, up to now there has been no manifest sign of its forthcoming.

The behaviour of the Haussas in Hospital has been on the whole unsatisfactory, insubordinate and disgusting; when admitted they are always in the habit of asking permission to hand over their guns at the barracks, which must of course be granted, then they never return to Hospital till late at night, drunk and noisy, and if any of the nurses should remonstrate with them, he invariably receives foul, abusive language, and sometimes blows. The pillow cases and mattress covers have been often spoilt with Kenki, fried fish, and other articles of food, stored under them. Once I ordered each bed to be searched, and articles of food removed, this created a serious disturbance; one man refused to hand over his Kenki, and assaulted the Warder. Sometimes the Dresser is assaulted whilst attending the patients. I have sent several reports on this matter, and on one occasion the Inspector General, Sir F. C. Scott, had to give me 4 sentries to prevent the Haussas from escaping from the Hospital at nights, and keep order during the day; but the present expedition to Attabubu has deprived me of the sentries, and if I should attempt to report any man, I have been told that I was rather severe on them, consequently they have become their own masters. Under these circumstances, it is not at all surprising that Civilians (natives of Accra) do seriously object to be treated as in-patients, whenever they could possibly avoid doing so.

The term Resident as applied to the Surgeon in Charge of the Hospital seems to me vague; if it only refers to the fact of being stationed at Accra, and in charge of the Hospital for an indefinite period, it is not an improvement. If the Surgeon be quartered within the Hospital Grounds, to be able to drop into the Wards at any moment, and have the proper control of his cases, a great deal of satisfaction will thereby accrue to the Surgeon, and the various charges of neglect of patients, often brought against Surgeons, will be at an end, and more confidence would be given to Hospital treatment.

The new Surgeon's quarters (Mr. Papafio's house) being not more than ten minutes' walk from Hospital, and centrally situated, is decidedly an improvement on the old system of having the Surgeon in Charge of the Hospital, quartered at Christiansborg, a distance of over a mile.

It would also be advantageous if the period of residency be extended to 3 or 5 years, and not to have, as it was during this year, 6 Surgeons in Charge of Hospital at various times. Patients soon got disgusted to find a new Surgeon in Charge, after the first visit, who will have to re-examine, and during the course of examination, may omit to ask certain questions which patient may deem most essential to the diagnosis of his condition, simply because they had been asked by the former Surgeons. Very often a change of medicine, has made them lose confidence in the Surgeon and Hospital. In some cases prescriptions of over one year have been presented for repetition, because they were prescribed by a certain Surgeon who "knew all about their cases."

I have been asked specially by patients—educated classes, too—to give them copies of their prescription for old complaints, which might recur during my absence from the Colony on leave. The idea that a Surgeon newly arrived into the Colony is more or less ignorant of Tropical diseases prevails here, just as in England, the idea that young Graduates are only full of Theories, and know little of the Art of Medicine for want of practical experience.

Long Residence would also enable the Surgeon to become familiar with the native language, and thereby prevent a lot of misrepresentation of ideas, often unwittingly committed by interpreters, and would inspire confidence; this misinterpretation, I have often noticed in regard to the Yoruba Language, with which I am quite familiar. Long residence would also make the Surgeon take more interest in Hospital work, and the difficulties connected with writing annual reports would be minimised. But the difficulty connected with long residence of 3-5 years, of which I am an advocate, is the leave system of European Surgeons (six months after one year's service); this could be easily overcome if relieving Surgeons be also in charge, at least three months before the Surgeon in Charge takes his leave; the change would not be as abrupt as it has been, and patients would become accustomed to the Relieving Surgeon, who could finally succeed his Senior as Resident Surgeon in Charge of the Hospital.



The Surgical instruments and appliances in use at the Hospital are on the whole insufficient; there is at present only one pocket case between the Surgeons (Senior and Junior residents) and the dressers. I venture to suggest that each nurse and dresser be provided with a Clinical Thermometer, a pair of dressing forceps and scissors. Most of the Hospital trusses are useless, and some cases of Hernia have consequently been treated with Bandages and rest, surgical operations being much dreaded by patients.

The instruments for major operations and Post mortem examinations are all in excellent condition.

One special difficulty with regard to Out-patients was, that they have not yet realised the importance of their prescription slips—these they readily lose, thinking they could easily get another; to check this practice, I have often made patients believe that if they should lose their prescriptions they will get no more medicines from me, or have to pay for its repetition; of late it has had good effect.

The habit of sending children under ten years, for medicines, by themselves has been of late less frequent, as I have almost invariably sent the children back for their parents and guardians, empty handed, for very good reasons.

From the Statistical return already submitted, the number of Out-patients for the year 1893 was 8,037, of in-patients 731, and of these latter 46 died.

In 1891 the number of Out-patients was 6,970; inpatients 538—22 died; although we cannot boast of these numbers, yet they afford a great presumption that the people are still alive to the superiority of European treatment over their own superstitious and unscientific methods.

The prevalent diseases amongst Europeans treated in the Hospital were Fevers, Congestion of liver, and Diarrhœa; amongst natives the order was as follows: Guinea worm, Skin diseases, including Scabies, Ringworm, Yaws, &c., Fevers, Ulcers, Intestinal Complaints, including Diarrhœa, Colic, Constipation, and Dysentery; Inflammatory affections of the Eye, Ear and Lung.

With regard to the management of Fevers, I have been exceedingly fortunate to have seen how Dr. Easmon treated his cases before I had any; and I have followed most accurately his method with excellent results: begin with Calomel and Jalap, or in simple cases, an ordinary aperient, with Quinine as the Hospital Mistura, Quininae Aperiens (Quinine and Epsom Salts) an ounce every 2 hours till the bowels are moved, followed by ten grains of Antifebrin or Antipyrin if temperature be above 100° F. cold pack, or sponging in hyperpyrexia, or Dr. Easmon's Cooling Mixture of Lime Juice, Vinegar, Brandy or other Spirit, Common salt and water for sponging; hypodermic injection of Pilocarpine in special Cases; to induce perspiration large doses of Quinine, 15–20 grains every four hours, as soon as Temperature falls to 100° F., and during the stage of apyrexia. Diet, generally fluid, with Benger's food, Bovril, Brand's Essence, as required; other complications as they arise, *e.g.*, vomiting, by mustard poultices to the Epigastrium, iced soda, Brandy, Opium, Bismuth, Tincture of Iodine, Carbolic Acid, &c., &c.

Sleeplessness, by sedatives; alcoholic stimulation, &c., all combined with constant vigilance on the part of the Medical Officer in watching the patient.

With regard to Diarrhœa, the chief causes both amongst Europeans and natives have been principally errors of diet, and next to that probably microbes of various descriptions. No matter the cause, I have always regarded my cases of Diarrhœa and Dysentery as urgent, and treated them as such, the Mistura Antidysenterica of the Hospital, combined with Liquor Morphinae Hydrochlor. in proper doses, has been my favourite mixture, especially if there is a tendency to copious discharge of mucus, slight hæmorrhage, and rectal pains; for young adults Mist. Cretæ cum Opio, combined with Liq. Hydrarg. Perchlor. as an antiseptic, has also proved excellent. Slight cases have yielded to Mistura Acid Astringent; quite recently I have tried Creolin injections, ʒj to a pint every three hours with success.

Pneumonia has given me the greatest anxiety and trouble, till I was made to understand by Dr. Easmon, the importance of early stimulation, combined with purgation, counter-irritation with several small fly blisters about the size of a shilling, and stimulating expectorant draughts. Later stages Iodide of Potash and Perchloride of Mercury, with or without Strychnine and fly blisters, Quinine occasionally. Of 24 Cases admitted during the year 10 succumbed.

My treatment of Guinea worm has been, poultice at the early stage, and lancing when the worm has pointed; I am in the habit of taking hold of the worm and pulling it, noticing at the same time the direction of resistance, and cutting down on that side, this helps to get the whole worm out; if not, repeat poultice and lancing, rubbing the part gently and firmly and pulling on the worm, the rest of treatment is that of simple ulcer; this method is, I think, an improvement on the old system, and saves much time and inconvenience to patients. Cases of Tetanus have been on the whole fatal, only 1 case of recovery out of 4, under the following treatment: begin with an aperient, Enema of Turpentine, ʒij to a pint, twice daily, a mixture of Bromide of Potassium and Chloral, in 20–30 grain doses, thrice daily, occasionally an hypodermic injection of morphiae. The seat of development of the germs of idiopathic Tetanus in one of the cases, as shewn by Post Mortem Examination, was the intestines, the ileum was found to be inflamed and gangrenous in several parts, containing dark greenish liquid materials, with several small cicatrising ulcers.

The patient in question had been suffering from chronic diarrhœa, with colicky pains all over the abdomen; exposure to cold brought on an attack of Tetanus from which he died. Of skin diseases, Ringworm and Scabies were most common, the germs of which seem widely diffused in overcrowded places. For treatment of scabies I have successfully tried Liquor Calcis Sulphurata, one in 2 parts of water as lotion, or one in one of Vaseline as an ointment, applied twice daily, an hour before a bath. Yaws, primary, in the form of yellowish tubercles scattered all over the body, or limited only to the hands and feet; secondary, in the form of linear or



circular scars over the soles of the feet, or in the form of nodes about the nasal bones, of various sizes, from that of a pea, to that of a pigeon's egg, and peculiar flattening and curvature of the tibiæ; or, lastly, in the form of white scars with dark patches (quite a leopard skin) about the hands, up to the wrist. My treatment of primary cases has been liberal diet, Caustic Ointments, as Sulphate of Copper or Nitrate of Silver sticks, applied to the tubercles, followed by Carbolic Ointment dressing. Internally, Potassium Iodide and Mercury, Iron and Arsenic with Acids, Strychnine and bitter Infusions. Secondary cases are amenable to Iodide of Potassium and Perchloride of Mercury, in large doses internally; this treatment seems to corroborate the view that Yaws is only a Tertiary manifestation of Syphilis.

The Sanitary arrangements of the Hospital, as detailed by the Chief Medical Officer, have been faithfully carried out by the 1st Class Dispenser, Mr. Alfred George Peters, to my entire satisfaction.

With regard to Hospital Diet, the average quantity for a patient is regulated by the Ordinance; the quality supplied by Mr. W. Wilberforce, the Contractor, has been the best possible. I have had no cause of complaints from the patients on this point.

THE LUNATIC ASYLUM.

The Asylum Staff, as limited by the Ordinance, consists of:—

Superintendent (usually Hospital Surgeon)	1	Warders	...	...	...	...	...	3		
Chief Warder	...	...	...	...	1	Gate Keeper	...	...	...	1
Asst. Chief Warder	...	...	...	...	1	Matron	...	...	...	1

This number seems at present sufficient, if kept up, but the difficulty of keeping this number up, is even greater than the Hospital Staff.

The annexed table shows a steady increase in the number of admissions for the past 4 years. It certainly does not mean that the tendency to mental diseases is increasing amongst natives, but that the people have no longer continued the practice of concealing cases of insanity, when they are aware of superior treatment at the Asylum: mental strain being considerably less than in civilised countries. There were a total of 27 patients remaining at the beginning of the year; there were 12 more admissions during the year (8 males, 4 females), making a total of 39; of these 2 died from natural causes.

The present accommodation seems insufficient in regard to the number of cells, which are only 4, 2 for males and 2 for females. I am happy to say that this insufficiency is receiving the attention of the Chief Medical Officer and the Government.

The practice of utilising the labour of lunatics, sufficiently recovered, to cultivate the Asylum Gardens, is still continued, and, on the whole, has proved beneficial to the patients themselves.

The Sanitary arrangements have been satisfactorily carried out.

THE ASYLUM GARDEN.

This still continues to receive the constant care and attention it certainly deserves. During the rainy season, a large supply of vegetables was issued to European Officials; but, towards the close of the year, the supply was unequal to the demand, owing to the onset of dry weather.

RETURN SHEWING NUMBER OF ADMISSIONS AND DISCHARGES IN THE LUNATIC ASYLUM DURING THE YEAR 1890 TO 1893.

Years.	Admissions.		Discharges.		Deaths.		Daily average number during period.		Total average during period.
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
1890 ...	12	—	3	—	6	—	17·51	4·7	22·21
1891 ...	10	3	3	—	3	1	23·16	4·58	27·74
1892 ...	21	2	8	—	6	1	26·35	6·16	32·51
1893 ...	8	4	4	1	1	—	27·27	7·81	35·08
Total ...	51	9	18	1	16	2	94·29	23·25	117·54
Averages...	12·75	2·25	4·5	·25	4	·5	23·57	5·65	29·38

THE CONTAGIOUS DISEASES HOSPITAL.

The Staff of this Hospital has been included in the General Hospital staff, consisting of 2 nurses (1 male, 1 female), and 1 watchman.

The wards are two separate sheds, capable of accommodating about 60 patients in all. The grounds are well kept, and the road leading to the Hospital has often received attention when overgrown with weeds.

There were only 6 cases admitted during the year; 4 of these were discharged and 2 still



remain at the end of period. The cases, with the exception of one, were more or less modified forms of small-pox.

The acute case was complicated, during the Suppurative stage, by suppurating buboes which were opened, and patient progressed favourably. One of the modified forms was followed by chronic scabies on the trunk, and down the legs were yellowish tubercles pathognomonic of yaws. This patient was put on Arsenic, Iodide of Potassium and Mercury internally, combined with an ointment of equal parts of Liq. Calcis Sulph. and Olive Oil externally. Under this treatment the patient is progressing favourably.

The Sanitary conditions of this Hospital have been satisfactory. Diet has been liberally supplied, and stimulants when necessary.

In conclusion, it is interesting to note that small-pox, once the scourge of natives, and occurring in an epidemic form frequently, has now been practically eradicated in Accra, through the indefatigable efforts of the Public Health Officer and his Assistant, the Inspector of Nuisances, in carrying out satisfactorily the Sanitary arrangements in the town of Accra.

(Sgd.) J. O. COKER.

Duplicate.

## APPENDIX 28.

THE FOLLOWING ROUTINE OF DUTY AND RULES IN REGARD TO THE VICTORIABORG GENERAL HOSPITAL ARE PUBLISHED FOR THE INFORMATION OF THE GENERAL PUBLIC.

I. The Junior Resident Assistant Colonial Surgeon will be in immediate charge of the Hospital.

II. The Senior Resident Assistant Colonial Surgeon will discharge the duties of Consulting Surgeon to the Hospital.

III. The Chief Medical Officer will be available at all times for general consultations.

IV. The Hospital will be opened for the admission of serious cases of disease or injury at all hours of the day and night.

V. The Medical Officer in charge of the Hospital will visit the Hospital twice daily, in the morning and in the evening, and so arrange as to be always within reach and his whereabouts known in the event of his being required in case of accident or emergency.

VI. His attendance will be given to Out-patients at the Hospital from 8 to 10 o'clock each morning.

VII. Surgical Out-patients will be dressed between the hours of 7 a.m. and 11 a.m., and 4 p.m. and 5.30 p.m. daily.

VIII. The Consulting Surgeon will visit the Hospital on Tuesdays, Thursdays and Saturdays between 10 a.m. and 11 a.m.

IX. General consultations of the entire Staff of Medical Officers at Headquarters will be held on Wednesdays at 2 p.m.

X. Major operations will be performed on Wednesdays at 3 p.m.

XI. For the convenience of the public and the better working of the Out-patient Department the following routine will, as far as possible, be carried out in this Department.

- |   |                                 |
|---|---------------------------------|
| (a.) Diseases of Women and Children will be specially attended to on                              | { Mondays<br>and<br>Thursdays.  |
| (b.) Diseases of Eye, Ear, Nose, Throat and Skin will be specially attended to on                 | { Tuesdays<br>and<br>Saturdays. |
| (c.) General diseases and all other diseases unenumerated or enumerated above will be attended to | { Daily.                        |

XII. The Hospital will be open to visitors, not friends of Patients, once a month, viz :— on the first Friday in each month between the hours of 4 and 5 p.m.

XIII. Friends of Patients will be admitted to visit them on Tuesdays and Thursdays from 10 a.m. to 4 p.m., and at such other times as the Surgeon in charge of the Hospital will permit.

XIV. Ministers of Religion are allowed to visit Patients at all hours during the day and night.

XV. The following Rules of the Hospital are enjoined upon all Visitors :—

- i. They are to be quiet in their talk in the Wards ;
- ii. They are not to bring food of any kind for the Patients without the permission in writing of the Surgeon in charge ;
- iii. They are not to roam about the grounds of the Hospital, and not to touch the flowers and other ornamental plants.

By His Excellency's Command,

J. FARRELL EASMON, M.D.,

*Chief Medical Officer.*

APPENDIX 29

Duplicate.

B.—STATEMENT OF DIETS AND EXTRAS ISSUED IN THE COLONIAL HOSPITALS IN THE COLONY DURING THE YEAR ENDED 31ST DECEMBER, 1893.

Day of Month.	EUROPEAN.					NATIVE.					EXTRAS.													Initial of Medical Officer.									
	Full.	Half.	Chicken.	Low.	Beef Tea.	Milk.	Kenki.	Rice.	Agidi.	Plantain.	Cassada.	Cocoa.	Bread, lbs.	Kenki, lbs.	Rice, lbs.	Fowls, No.	Beef, lbs.	Lard, lbs.	Yam, lbs.	Onion, lbs.	Fish, lbs.	Mutton, lbs.	Butter, lbs.		Milk, lbs.	Sugar, lbs.	Eggs, No.	Cocoa, lbs.	Biscuits, lbs.	Plantain, lbs.	Chicken No.		
1	64	...	7	9	14	19	597	239	97	106	117	42	11	140	17	1	13	2	60	...	...	1	21	21	21	3	5	...	8	3	...	...	...
2	64	...	6	9	15	18	590	254	109	104	116	42	12	140	18	1	13	...	60	...	...	2	22	22	22	2	3	...	8	3	...	...	...
3	61	...	6	10	16	18	591	257	102	102	114	43	11	140	18	1	13	...	56	8	8	8	22	22	22	5	5	...	8	3	...	...	...
4	62	...	7	9	12	19	591	259	103	104	115	42	11	140	18	2	12	...	56	...	...	8	22	22	22	5	5	...	4	3	...	...	...
5	63	...	7	7	15	16	586	270	106	98	110	42	11	138	18	2	13 <sup>1</sup> <sub>2</sub>	...	56	...	...	...	1	22	22	3	5	...	4	3	...	...	...
6	63	...	8	8	15	19	575	265	113	101	112	47	12	138	18	2	13	2	60	8	...	1	1	1	1	3	...	8	3	...	...	...	
7	61	...	9	7	15	21	578	264	109	97	113	48	11	138	19	2	12	...	56	8	8	8	1	1	1	1	5	...	8	3	...	...	...
8	59	...	8	9	15	22	563	304	91	92	110	57	11	138	18	2	13	...	68	...	...	8	1	1	1	1	5	...	...	3	...	...	
9	56	...	8	9	18	21	552	302	88	99	111	59	9	145	18	2	14	...	66	...	...	...	1	1	1	1	5	...	4	3	...	...	...
10	53	...	6	10	20	18	566	289	90	97	109	65	9	145	18	2	13	...	66	...	...	...	1	1	1	1	5	...	...	3	...	...	
11	52	...	6	10	19	20	567	288	89	100	109	66	9	145	18	2	14	...	66	...	...	...	1	1	1	1	5	...	...	3	...	...	
12	51	...	7	10	18	18	565	295	90	103	115	52	9	140	18	2	14	...	70	...	...	...	1	1	1	1	5	...	...	3	...	...	
13	53	...	8	10	18	16	532	300	99	102	119	50	9	140	18	2	14 <sup>1</sup> <sub>2</sub>	...	70	...	...	8	2	2	1	5	...	...	...	3	...	...	
14	56	...	8	10	18	19	560	310	93	103	115	51	10	145	18 <sup>1</sup> <sub>2</sub>	2	14	...	70	16	...	...	2	2	1	1	5	...	...	3	...	...	
15	56	...	8	10	17	18	562	313	92	95	114	53	10	155	18 <sup>1</sup> <sub>2</sub>	2	14	...	66	...	...	...	2	2	1	1	5	...	...	3	...	...	
16	59	...	10	8	18	19	564	315	90	93	115	53	10	155	18 <sup>1</sup> <sub>2</sub>	3	14	...	80	...	...	...	2	2	1	1	5	...	...	3	...	...	
17	58	...	9	6	18	22	574	312	83	90	113	55	12	155	18 <sup>1</sup> <sub>2</sub>	2	14	...	70	...	...	...	2	2	1	1	5	...	...	3	...	...	
18	62	...	8	7	18	30	596	294	84	93	125	54	11	160	18 <sup>1</sup> <sub>2</sub>	4	15	...	70	...	...	...	1	2	1	1	5	...	...	3	...	...	
19	60	...	8	11	19	35	602	268	89	95	115	48	10	160	18 <sup>1</sup> <sub>2</sub>	4	15	2	70	...	...	...	2	2	1	1	5	...	...	3	...	...	
20	61	...	7	11	19	33	612	266	94	92	115	50	10	160	19	4	15	2	70	...	...	...	2	2	1	1	5	...	...	3	...	...	
21	60	...	6	11	18	31	661	246	84	96	114	58	10	176	19	1	15	2	70	8	...	...	2	2	1	1	5	...	...	3	...	...	
22	58	...	6	10	18	37	640	254	83	92	125	58	9	157	19	1	15	2	70	...	...	...	2	2	1	1	5	...	...	3	...	...	
23	58	...	6	10	20	35	630	257	90	90	127	58	11	160	19	2	15	...	70	...	...	...	2	2	1	1	5	...	...	3	...	...	
24	59	...	5	9	18	34	631	252	90	94	124	55	11	159	19	2	15	...	74	8	...	...	2	2	1	1	5	...	...	3	...	...	
25	60	...	6	10	20	31	623	256	97	100	126	58	11	161	18 <sup>1</sup> <sub>2</sub>	4	15	...	78	...	...	...	2	2	1	1	5	...	...	3	...	...	
26	59	...	6	11	20	31	618	258	79	105	127	50	10	161	18 <sup>1</sup> <sub>2</sub>	2	15	...	78	...	...	...	2	2	1	1	5	...	...	3	...	...	
27	59	...	8	10	21	30	631	256	109	107	128	45	13	164	18	3	16	...	78	...	...	...	2	2	1	1	5	...	...	3	...	...	
28	60	...	8	9	24	25	634	253 <sup>1</sup> <sub>4</sub>	111	105	116	42	15	164	18	4	16	...	74	...	...	...	2	2	1	1	5	...	...	3	...	...	
29	49	...	7	8	18	20	585	245 <sup>1</sup> <sub>4</sub>	96	105	113	45	13	160	13 <sup>1</sup> <sub>2</sub>	2	16	1	70	...	...	...	2	2	1	1	5	...	...	3	...	...	
30	47	...	7	18	17	23	571	258 <sup>1</sup> <sub>4</sub>	95	108	114	49	13	160	13 <sup>1</sup> <sub>2</sub>	2	16	...	70	...	...	...	2	2	1	1	5	...	...	3	...	...	
31	29	...	6	6	13	11	356	137 <sup>1</sup> <sub>4</sub>	60	69	72	34	8	105	9	3	10	...	42	...	...	...	2	2	1	1	5	...	...	3	...	...	
Total	1,718	...	220	280	544	729	18,103	8,080	2,903	3,037	3,683	1,571	332	4,644	643	70	430	11	2,080	88	13	45	74 <sup>1</sup> <sub>2</sub>	226	69	96	100	91	141	23	...	...	



Duplicate.

APPENDIX 30.

ACCOUNT OF HOSPITAL STOPPAGES OF HAUSSAS AND CIVIL POLICE AT ACCRA DURING THE YEAR 1893.

Month.						Haussas.			Civil Police.			Remarks.
						£	s.	d.	£	s.	d.	
January	...	...	...	...	...	5	16	6	0	18	6	The falling off in the number of the Haussas in the latter part of the year is explained by the withdrawal of the large portion of the men engaged upon duty with the Attabubu Expedition. <i>Vide</i> paragraph 109 of report. There is no marked falling off in the amounts collected from the Civil Police in the latter part of the year as in the case of the Haussas.
February	...	...	...	...	...	5	10	9	0	19	9	
March	...	...	...	...	...	5	9	3	1	9	3	
April	...	...	...	...	...	6	3	6	1	10	9	
May	...	...	...	...	...	7	12	3	0	11	9	
June	...	...	...	...	...	7	10	6	1	8	6	
July	...	...	...	...	...	5	18	6	1	14	3	
August	...	...	...	...	...	7	10	0	1	11	6	
September	...	...	...	...	...	5	2	3	1	1	3	
October	...	...	...	...	...	4	9	0	1	16	0	
November	...	...	...	...	...	3	16	9	0	19	9	
December	...	...	...	...	...	4	7	3	0	17	9	
Total	...	...	...	...	£	69	6	6	14	19	0	

J. FARRELL EASMON, M.D.,  
*Chief Medical Officer.*

MEDICAL DEPARTMENT, VICTORIABORG, ACCRA,  
31st July, 1894.

Duplicate.

APPENDIX 31.

RETURN OF FINES IMPOSED ON SUBORDINATES OF THE MEDICAL DEPARTMENT DURING THE YEAR 1893.

											Amount of Fines.									
											Medical.			Sanitary.			Lunatic Asylum.			
											£	s.	d.	£	s.	d.	£	s.	d.	
Accra	...	...	...	...	...	...	...	...	...	...	2	19	9	19	15	10	2	2	6	
Cape Coast	...	...	...	...	...	...	...	...	...	...	0	2	6	4	5	6	0	19	9	
Elmina	...	...	...	...	...	...	...	...	...	...	0	8	6	...	...	...	...	...	...	
Axim	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Saltpond	...	...	...	...	...	...	...	...	...	...	0	7	0	...	...	...	...	...	...	
Anamaboe	...	...	...	...	...	...	...	...	...	...	...	...	...	0	2	6	...	...	...	
Winneba	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ada	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Kwitta	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
											£	3	17	9	24	3	10	3	2	3

J. FARRELL EASMON, M.D.,  
*Chief Medical Officer.*

MEDICAL DEPARTMENT, V'BORG, ACCRA,  
31st July, 1894.

Duplicate.

APPENDIX 32.

RETURN SHOWING TOTAL VALUE OF DRUGS, &C., SUPPLIED TO THE SURGEONS OF THE COLONY  
FOR THEIR PRIVATE PRACTICE DURING THE YEAR 1893.

Name of Surgeons.	£	s.	d.	Remarks.
J. F. Easmon ... ..	6	5	4½	In accordance with Rules 53 to 59A of the Rules and Regulations of the Medical Department, Government Medical Officers are allowed the use of Government medicines for their private patients by permission of the Secretary of State.
D. Waldron ... ..	4	9	2	
J. S. Smith ... ..	1	6	1	
W. T. Prout ... ..	...	...	...	
B. W. Q. Papafio ... ..	5	1	2	
E. R. Howe ... ..	2	7	7	
W. A. Murray ... ..	7	1	7	
T. Ferrier... ..	3	3	9	
P. H. Power ... ..	4	8	2	
R. M. Forde ... ..	4	7	9½	
W. Taylor ... ..	1	15	3	
R. M. Connolly ... ..	5	18	6	
W. Seymour ... ..	0	4	7	
V. F. Lennane ... ..	2	19	5	
J. T. C. Johnson ... ..	1	2	10	
P. Gardiner ... ..	0	8	6	
J. O. Coker ... ..	0	8	6	
J. P. Lyons ... ..	2	11	4¾	
M. C. Wright ... ..	0	7	3¾	
W. M. Elliott ... ..	2	19	7½	
G. R. Hall ... ..	...	...	...	Absent at Lagos.
F. C. Lenehan ... ..	...	...	...	Absent with Attabubu Expedition.
C. Macmaster ... ..	0	6	3½	
	£ 58	9	11¼	

MEDICAL DEPARTMENT, V'BORG, ACCRA,  
31st July, 1894.

J. FARRELL EASMON, M.D..  
Chief Medical Officer.

Duplicate.

APPENDIX 33.

RETURN OF WINES AND SPIRITS ISSUED TO GOVERNMENT OFFICIALS FROM THE MEDICAL DEPARTMENT  
DURING 1893.

Months.	Brandy.				Champagne.				Port Wine.				Remarks.
	Quantity.	Amount.			Quantity.	Amount.			Quantity.	Amount.			
		£	s.	d.		£	s.	d.		£	s.	d.	
January	12 bottles	3	7	6	36 pints	6	7	4½	13 bottles	2	16	10½	<div>SUMMARY.</div> <div>Brandy    £26   2   1</div> <div>Champagne 37 12 7¾</div> <div>Port Wine  23 10 3¾</div> <div><hr/></div> <div>*£87   5   0½</div> <div><hr/></div> <div>*N.B.—This sum does not include medical Comforts supplied to various Expeditions.</div> <div>The monthly expenditure it will be seen corresponds closely with the prevalence of sickness.</div>
February	13    „	3	13	1½	17    „	3	0	2½	15    „	3	5	7½	
March ...	8    „	2	5	0	26    „	4	12	3	13    „	2	16	10½	
April ...	7    „	1	19	4	20    „	3	10	10	6    „	1	6	3	
May ...	10    „	2	16	3	22    „	3	17	11	19    „	4	3	1½	
June ...	13    „	3	13	1½	35½    „	6	5	8¾	22    „	4	16	3	
July ...	8    „	2	5	0	19    „	3	7	3½	3    „	0	13	1½	
August	6½    „	1	16	6¾	13    „	2	6	0½	7½    „	1	12	9¾	
September	9    „	2	10	7½	3    „	0	10	7½	2    „	0	8	9	
October	2    „	0	10	3	7    „	1	4	9½	1    „	0	4	4½	
November	3    „	0	16	10½	11    „	1	18	11½	2    „	0	8	9	
December	1    „	0	8	5¼	3    „	0	10	7½	4    „	0	17	6	
Total ...	92½ btls.	£26	2	1	212½ pts.	£37	12	7¾	107½ btls.	£23	10	3¾	

MEDICAL DEPARTMENT, VICTORIABORG, ACCRA,  
31st July, 1894.

J. FARRELL EASMON, M.D..  
Chief Medical Officer.



Duplicate.

APPENDIX 34.

HOSPITAL EXPENDITURE, ACCRA ASYLUM, CAPE COAST, AND ELMINA, FOR 1893.

Months.	Kenki.			Cassada.			Cocoa.			Beef.		
		£	s.	d.		£	s.	d.		£	s.	d.
January ...	6727 @ 1d.	28	0	7	370 @ ¾d.	1	3	11½	144 @ 1½d.	0	18	0
February...	4607	19	3	11	903	2	16	5¼	...	380½	15	11 4
March ...	5005	20	17	1	921	2	17	6¾	...	12	13	8
April ...	5201	21	13	5	657	2	1	0¾	...	484¾	16	3 2
May ...	5016	20	18	0	831	2	11	11¼	33	475½	15	17 0
June ...	4983	20	15	3	1092	3	8	3	253	474	15	16 0
July ...	3811	15	17	7	636	1	19	9	120	48	1	12 0
August ...	4755	19	16	3	783	2	8	11¼	903	277	9	4 8
September	3494	14	11	2	933	2	18	3¾	972	316½	10	11 0
October ...	4673	19	9	5	1065	3	6	6¾	360	483	16	2 0
November	5845	24	7	1	1155	3	12	2¼	372	378¾	12	12 6
December	4669	19	9	1	1461	4	11	3¾	342	417¼	13	18 2
									444	442½	14	14 10
	58786	£	244	18 10	10807	£	33	15 5¼	3943	£	24	12 10½
										4644½	£	154 16 4

Months.	Fish.			Plantain.			Mutton.			Pepper.		
		£	s.	d.		£	s.	d.		£	s.	d.
January ...	521¾ @ 7d.	15	4	4¼	303¼ @ 1¼d.	1	11	7	128 @ 10d.	5	6	8
February ...	509¼	14	17	0¾	552	2	17	6	...	25¾	0	12 10½
March ...	411¼	11	19	10¾	516	2	13	9	...	22¾	0	11 4½
April ...	351½	10	5	0½	984	5	2	6	...	19¾	0	9 10½
May ...	397½	11	11	10½	1257	6	10	11¼	...	18	0	9 0
June ...	667¾	19	9	6¼	885	4	12	2¼	...	19	0	9 6
July ...	496¼	14	9	5¾	831	4	6	6¾	...	16	0	8 0
August ...	505¼	14	14	8¾	936	4	17	6	...	17¾	0	8 10½
September...	403¼	11	15	2¾	819	4	5	3¾	...	18¾	0	9 4½
October ...	511¾	14	18	6¼	888	4	12	6	...	16½	0	8 3
November ...	600½	17	10	3½	666	3	9	4½	...	14¾	0	7 4½
December ...	562¼	16	7	11¾	855	4	9	0¾	...	17¾	0	8 9
									142	15¾	0	7 10½
	5938¼	£	173	3 11¾	9492¼	£	49	8 9¼	1198½	£	49	18 9
										223	£	5 11 6

Months.	Salt (Common).			Arkassah.			Agidi.			Bread.		
		£	s.	d.		£	s.	d.		£	s.	d.
January ...	284 @ ¾d.	0	17	9	1639½ @ ½d.	3	8	3¾	609 @ 1d.	2	10	9
February ...	89½	0	5	5¼	1393	2	18	0½	...	430 @ 3d.	5	7 6
March ...	92	0	5	9	1427	2	19	5½	...	451	5	12 9
April ...	77	0	4	9¾	1455½	3	0	8¼	...	448	5	12 0
May ...	90	0	5	7½	1540½	3	4	2¼	...	271	3	7 9
June...	94	0	5	10½	1474	3	1	5	...	254	3	3 6
July...	385	1	4	0¾	1485	3	1	10½	...	31	0	7 9
August ...	82¼	0	5	2¼	1611	3	7	1½	...	236	2	19 0
September ...	77	0	4	9¾	1353	2	16	4½	...	196	2	9 0
October ...	96	0	6	0	1485½	3	1	10¾	...	340	4	5 0
November ...	100	0	6	3	1673½	3	9	8¾	...	233	2	18 3
December ...	87	0	5	5¼	1666½	3	9	5¼	...	248½	3	2 1½
									876	95½	1	3 10½
	1453¾	£	4	17 0	18205	£	37	18 6½	8013	£	33	7 9
										3234	£	40 8 6

Months.	Yams.			Fowls.			Eggs.			Oranges.		
		£	s.	d.		£	s.	d.		£	s.	d.
January ...	381 @ 2d.	3	3	6	98 @ 1/3	6	2	6	36 @ 1d.	0	3	0
February ...	465	3	17	6	38	2	7	6	30	0	2	6
March ...	479	3	19	11	38	2	7	6	12	0	1	0
April ...	226	1	17	8	8	0	10	0	...	...	...	...
May ...	273½	2	5	7	...	...	...	...	12	0	1	0
June ...	162	1	7	0	...	...	...	...	...	...	...	...
July ...	272	2	5	4	21	1	6	3	42	0	3	6
August ...	231	1	18	6	37	2	6	3	54	0	4	6
September ...	480	4	0	0	...	...	...	...	...	...	...	...
October ...	162	1	7	0	11	0	13	9	12	0	1	0
November ...	466½	3	17	9	28	1	15	0	12	0	1	0
December ...	474½	3	19	1	5	0	6	3	18	0	1	6
	4073	£ 33	18	10	284	£ 17	15	0	228	£ 0	19	0
									171	£ 4	5	6

Months.	Firewood.			Flour.			Matches.			Biscuits.		
		£	s.	d.		£	s.	d.		£	s.	d.
January ...	67bdls.@1/3	4	3	9	6 @ 6d.	0	3	0	6 pkts.@3d.	0	1	6
February ...	60	3	15	0	4	0	2	0	4	0	1	0
March ...	65	4	1	3	5	0	2	6	5	0	1	3
April ...	54	3	7	6	3	0	1	6	5	0	1	3
May ...	91	5	13	9	3½	0	1	9	5	0	1	3
June ...	15	0	18	9	1½	0	0	3	5	0	1	3
July ...	87	5	8	9	2	0	1	0	6	0	1	6
August ...	81	5	1	3	2	0	1	0	4	0	1	0
September ...	93	5	16	3	1	0	0	6	4	0	1	0
October ...	96	6	0	0	2	0	1	0	3	0	0	9
November ...	96	6	0	0	2	0	1	0	5	0	1	3
December ...	76	4	15	0	2½	0	1	3	4	0	1	0
	881	£ 55	1	3	33½	£ 0	16	9	56	£ 0	14	0
									45½	£ 0	11	4½

Months.	Salt (Table).			Onions.			Palm Oil.			Charcoal.		
		£	s.	d.		£	s.	d.		£	s.	d.
January ...	...	...	...	...	8 @ 3d.	0	2	0	258 bot.@ 6d.	6	9	0
February ...	1 @ 3d.	0	0	3	16	0	4	0	18	0	9	0
March ...	...	...	...	...	16	0	4	0	18	0	9	0
April ...	...	...	...	...	16	0	4	0	11	0	5	6
May ...	...	...	...	...	16	0	4	0	20	0	10	0
June ...	...	...	...	...	32	0	8	0	34	0	17	0
July ...	2	0	0	6	...	...	...	...	17	0	8	6
August ...	...	...	...	...	16	0	4	0	26	0	13	0
September ...	...	...	...	...	16	0	4	0	23	0	11	6
October ...	...	...	...	...	12	0	3	0	24	0	12	0
November ...	...	...	...	...	16	0	4	0	20	0	10	0
December ...	...	...	...	...	16	0	4	0	22	0	11	0
	3	£ 0	0	9	180	£ 2	5	0	491	£ 12	5	6
									34	£ 21	5	0

Months.	Tobacco.			Soda Water.			Coffee.			Wick.		
		£	s.	d.		£	s.	d.		£	s.	d.
January ...	4 cwt. @ 1/3	0	5	0	...	...	...	...	...	...	...	...
February ...	4	0	5	0	...	...	...	...	...	...	...	...
March ...	4	0	5	0	...	...	...	...	...	...	...	...
April ...	2	0	2	6	...	...	...	...	...	...	...	...
May ...	4	0	5	0	...	...	...	...	...	...	...	...
June ...	9	0	11	3	...	...	...	...	...	...	...	...
July ...	4	0	5	0	3½ doz.@ 6/0	1	1	0	...	...	...	...
August ...	5	0	6	3	...	...	...	...	½ lb. @ 2/0	0	1	0
September ...	8	0	10	0	...	...	...	...	½	0	1	0
October ...	4	0	5	0	...	...	...	...	...	...	...	...
November ...	4	0	5	0	...	...	...	...	6 yds.@ 6d.	0	3	0
December ...	4	0	5	0	...	...	...	...	...	...	...	...
	56	£ 3	10	0	3½	£ 1	1	0	1	£ 0	2	0
									6	£ 0	3	0



Months.	Tapioca.			Lard.			Sugar.			Milk.										
		£	s.	d.		£	s.	d.		£	s.	d.								
January ...	bs.	...	...	...	4 tins @ 1/3	0	5	0	5 lbs. @ 6d.	0	2	6	11 tins @ 1/-	0	11	0				
February ...	...	...	...	...	3	0	3	9	10	0	5	0	12	0	12	0				
March ...	...	...	...	...	1	0	1	3	4	0	2	0	5	0	5	0				
April ...	...	...	...	...	1	0	1	3	...	...	...	...	1	0	1	0				
May ...	...	...	...	...	...	...	...	...	2	0	1	0	...	...	...	...				
June ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
July ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
August ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
September ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
October ...	...	...	...	...	1	0	1	3	...	...	...	...	...	...	...	...				
November ...	...	...	...	...	1	0	1	3	...	...	...	...	...	...	...	...				
December ...	1 @ 1/3	0	1	3	9	0	11	3	...	...	...	...	...	...	...	...				
	1	£	0	1	3	20	£	1	5	0	21	£	0	10	6	29	£	1	9	0

Months.	Tea.			Rice.			Towels.			Butter.										
		£	s.	d.		£	s.	d.		£	s.	d.		£	s.	d.				
January ...	1 tin @ 3/6	...	3	6	lbs.	...	...	...	...	...	...	...	1 @ 3/0	0	3	0				
February ..	1	...	3	6	...	...	...	...	...	...	...	...	...	...	...	...				
March ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
April ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
May ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
June ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
July ...	...	...	...	...	...	...	...	...	...	...	...	...	1	0	3	0				
August ...	...	...	...	...	...	...	...	...	6 @ 9d.	0	4	6	2	0	6	0				
September ...	...	...	...	...	113 @ 2½d.	1	3	6½	...	...	...	...	...	...	...	...				
October ...	...	...	...	...	217	2	5	2½	...	...	...	...	...	...	...	...				
November ...	...	...	...	...	224	2	6	8	...	...	...	...	...	...	...	...				
December ...	1	0	3	6	283	2	18	11½	...	...	...	...	...	...	...	...				
	3	£	0	10	6	837	£	8	14	4½	6	£	0	4	6	4	£	0	12	0

Months.	Mustard.			Barley.			Shea Butter.			Black Pepper.										
		£	s.	d.		£	s.	d.		£	s.	d.		£	s.	d.				
January ...	...	...	...	...	...	...	...	...	...	...	...	...	Bottles	...	...	...				
February ...	1 @ 1/3	0	1	3	...	...	...	...	...	...	...	...	...	...	...	...				
March ...	...	...	...	...	1 @ 1/0	0	1	0	...	...	...	...	...	...	...	...				
April ...	...	...	...	...	1	0	1	0	30 @ 0/5	0	12	6	...	...	...	...				
May ...	...	...	...	...	1	0	1	0	...	...	...	...	1 @ 1/3	...	1	3				
June ...	...	...	...	...	1	0	1	0	...	...	...	...	...	...	...	...				
July ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
August ...	...	...	...	...	...	...	...	...	...	...	...	...	1	0	1	3				
September ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
October ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
November ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
December ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
	1	£	0	1	3	4	£	0	4	0	30	£	0	12	6	2	£	0	2	6

Months.	Vegetable.			Lime.						
		£	s.	d.		£	s.	d.		
January ...	923¾ @ 6d.	23	1	10½	...	...	...	...		
February ...	901	22	10	6	...	...	...	...		
March ...	861½	21	10	9	...	...	...	...		
April ...	890	22	5	0	...	...	...	...		
May ...	971	24	5	6	100 lbs.	...	...	...		
June ...	1121	28	0	6	4 @ 1d.	0	0	4		
July ...	948	23	14	0	...	...	...	...		
August ...	1006	25	3	0	...	...	...	...		
September ..	719	17	19	6	...	...	...	...		
October ...	996	24	18	0	...	...	...	...		
November ...	1308	32	14	0	...	...	...	...		
December ...	1179	29	9	6	...	...	...	...		
	11824¼	£	295	12	11½	4	£	0	0	4

MEDICAL DEPARTMENT, ACCRA.  
31st July, 1894.

J. FARRELL EASMON, M.D.,  
Chief Medical Officer.

Duplicate.

APPENDIX 35.

STATEMENT OF EXPENDITURE OF THE MEDICAL DEPARTMENT DURING THE YEAR 1893.

Sub head.									Amount.		
									£	s.	d.
Personal Emoluments	...	...	...	...	...	...	...	...	8,327	14	1
Diet and Provisions	...	...	...	...	...	...	...	...	1,114	0	1
Medicines and Chemicals...	...	...	...	...	...	...	...	...	521	4	11
Medical Comforts	...	...	...	...	...	...	...	...	50	5	3
Surgical Instruments and Appliances	...	...	...	...	...	...	...	...	52	7	11
Medical Appliances and Druggists' Sundries	...	...	...	...	...	...	...	...	20	19	2
Bedding and Hospital Equipment	...	...	...	...	...	...	...	...	151	12	3
Disinfectants	...	...	...	...	...	...	...	...	...	...	...
Fuel and Light	..	...	...	...	...	...	...	...	71	4	5
Vaccination Expenses	...	...	...	...	...	...	...	...	4	14	10
Expenses of Ice Machine...	...	...	...	...	...	...	...	...	3	19	1
Medical Examination of Officers in England	...	...	...	...	...	...	...	...	27	16	6
Uniform	...	...	...	...	...	...	...	...	43	6	9
Petty Expenses	...	...	...	...	...	...	...	...	1	16	8
Extra Medical Aid	...	...	...	...	...	...	...	...	55	6	3
									£10,446	8	2

MEDICAL DEPARTMENT, VICTORIABORG,  
31st July, 1894.

J. FARRELL EASMON, M.D.,  
Chief Medical Officer.

Duplicate.

APPENDIX 36.

STATEMENT OF EXPENDITURE OF THE SANITARY DEPARTMENT DURING THE YEAR 1893.

Sub-head.									Amount.		
									£	s.	d.
Personal Emoluments	...	...	...	...	...	...	...	...	250	1	6
Uniform	...	...	...	...	...	...	...	...	7	15	1
Scavengers and Labourers	...	...	...	...	...	...	...	...	1,645	19	1
Upkeep of Latrines	...	...	...	...	...	...	...	...	163	1	9
Dustbins, Tools, &c.	...	...	...	...	...	...	...	...	3	0	8
Quarantine Expenses	...	...	...	...	...	...	...	...	21	16	0
Expenses of Lazaretto	...	...	...	...	...	...	...	...	0	1	10
Construction of New Latrines, Adda	...	...	...	...	...	...	...	...	18	15	0
Hut for Scavengers	...	...	...	...	...	...	...	...	28	10	5
Outbreak of Small Pox	...	...	...	...	...	...	...	...	48	11	4
Construction of New Latrines	...	...	...	...	...	...	...	...	799	11	10
Opening Saltpond, Accra...	...	...	...	...	...	...	...	...	15	17	0
Destruction of Dogs	...	...	...	...	...	...	...	...	0	6	1
									£3,003	7	7

MEDICAL DEPARTMENT, V'BORG,  
31st July, 1894.

J. FARRELL EASMON, M.D.,  
Chief Medical Officer.

Duplicate.

APPENDIX 37.

RETURN OF HOSPITAL RECEIPTS, GOLD COAST COLONY, DURING 1893.

Particulars.	Amount.			Remarks.
	£	s.	d.	
Sales of Medical Department Stores	168	2	1	
Hospital Fees and Receipts	190	0	8	

MEDICAL DEPARTMENT, VICTORIABORG,  
31st July, 1894.

J. FARRELL EASMON, M.D.,  
Chief Medical Officer.



Duplicate.

APPENDIX 38.

RETURN SHEWING AMOUNTS COLLECTED FROM PAYING PATIENTS IN THE SEVERAL HOSPITALS OF THE COLONY DURING THE YEAR 1893.

Station,	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	October.	Nov.	Dec.	Re- marks
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	
Accra	0 13 0	0 4 0	5 11 0	4 7 0	0 17 0	4 9 0	...	...	...	1 5 0	0 6 0	...	
Cape Coast	...	...	...	...	2 5 0	13 3 0	13 0 6	6 15 0	...	1 11 0	1 0 0	...	
Elmina	...	...	...	...	...	...	...	...	...	...	...	...	
Axim	...	...	...	...	...	...	...	...	...	1 7 0	0 12 0	...	
Salt Pond	...	...	...	...	...	...	...	...	...	...	...	...	
Winneba	...	...	...	...	...	...	...	...	...	...	...	...	
Ada	...	...	...	...	...	...	...	...	...	...	...	...	
Kwitta	...	...	...	...	...	...	...	...	...	...	...	...	
.....	...	...	...	...	...	...	...	...	...	...	...	...	
	£ 0 13 0	0 4 0	5 11 0	4 7 0	3 2 0	17 12 0	13 0 6	6 15 0	...	4 3 0	1 18 0	...	

J. FARRELL EASMON, M.D.,  
MEDICAL DEPARTMENT, V'BORG, ACCRA,  
31st July, 1894.

Chief Medical Officer.

Duplicate.

APPENDIX 39.

RETURN OF FINES AND FEES RECOVERED BY SANITARY DEPARTMENT DURING THE YEAR 1893.

Station.				Amount.			Total No. of prosecutions.	No. of Convictions.	No. imprisoned.
				£	s.	d.			
Axim	...	...	...	24	10	6	158	126	2
Tarkwa	...	...	...	24	2	0	64	62	—
Chama	...	...	...	11	18	6	94	63	18
Elmina	...	...	...	13	16	0	77	3	—
Cape Coast	...	...	...	36	7	6	342	104	2
Anamaboe	...	...	...	2	14	6	30	10	—
Saltpond	...	...	...	40	18	0	193	133	—
Winneba	...	...	...	43	7	7	412	300	—
Accra	...	...	...	127	2	11	718	3	1
Prampram	...	...	...	26	1	8	113	111	—
Ada ...	...	...	...	33	16	0	139	110	2
Akuse	...	...	...	22	5	0	11	11	—
Kwitta	...	...	...	13	5	9	151	117	—
				£ 420	5	11	2,502	1,153	25

J. FARRELL EASMON, M.D.,  
MEDICAL DEPARTMENT, V'BORG, ACCRA,  
31st July, 1894.

Chief Medical Officer.

Duplicate.

APPENDIX 40.

RETURN OF SCAVENGERS AND PUBLIC LATRINES IN THE COLONY DURING 1893.

Name of Town.	No. of Scavengers.	No. of Latrines.	Remarks.
Accra ... ..	51	15	
Ada ... ..	—	7	
Akusi ... ..	—	9	
Anamaboe ... ..	6	9	
Axim ... ..	—	4	
Cape Coast ... ..	34	15	
Christiansborg ... ..	14	7	
Elmina ... ..	10	16	
Kwitta ... ..	—	6	
Pram Pram ... ..	—	—	
Saltpond ... ..	6	5	
Winneba ... ..	—	5	

J. FARRELL EASMON, M.D.,  
*Chief Medical Officer.*

MEDICAL DEPARTMENT, VICTORIABORG,  
31st July, 1894.

Duplicate.

APPENDIX 41.

MEDICAL DEPARTMENT, AXIM.,  
December 4th, 1893.

MEDICAL REPORT ON THE ACCIDENT WHICH OCCURRED ON THE ANKOBRA RIVER ON THE 21st NOVEMBER, 1893.

*Nature of Accident.*

The accident occurred in connection with a steam launch which was proceeding up the Ankobra river. It is believed that the vessel struck against a submerged tree, heeled over and filled, and that this was followed by an explosion of either the boiler, the furnace, or of both.

*Killed.*

- (a) *Graham Hodson, Esq.*, Age 26 years, European.
- (b) *John Moses*, Native.
- (c) *Cobbina*, Native.

The bodies of these individuals were recovered from the river on the 23rd. They were not seen by me.

(d) *Johnson*, Native, Engineer. Burns, wound about 10 inches long across upper part of abdomen and lower part of chest, passing through the muscles but not opening either cavity: wound of hip; these wounds appeared to have been caused by flying fragments of metal.

*Wounded.*

- (e) *Dr. Charles Greenwood*, Age 39 years, European.
  - (1) Fracture of both bones of right forearm.
  - (2) Compound comminuted fracture of middle of left leg, requiring amputation above knee joint.

Fever, partly traumatic and, no doubt, partly malarial, set in immediately after the operation: sloughing of the flap occurred and patient died of hyperpyrexia on the 30th November.

(f) *John William*, Native. Admitted to Hospital on the 21st November, with burns of face, chest, abdomen and upper and lower limbs.

Reaction did not follow, and patient died from shock on the 22nd.



(g) *Wallace*, Native, admitted to Hospital with burns of face, neck, chest, abdomen, and slightly of upper and lower limbs; Collapse was not so marked as in (f), reaction was established early, four days' delirium followed. Is now progressing favorably, except that the sight of the right eye will be seriously impaired, if not lost altogether, and that cicatricial contraction of neck appears likely to supervene.

(h) Four cases of minor injuries, viz., burns and lacerated wounds.

A coroner's inquest was held on the 27th Nov. on (a), (b), (c), (d) and (f) and the following verdict returned :—

“Death was caused by accident in the overturning of the steam launch and thereby the “explosion of the boiler; but we consider that blame cannot be attached to anyone.”

An inquest was not considered necessary on case (e).

(Sgd.) W. M. ELLIOTT, M.D.

*Asst. Col. Surgeon, Axim District.*

Duplicate.

## APPENDIX 42.

CONFIDENTIAL.

MEDICAL DEPARTMENT, V'BORG,  
12th October, 1893.

No. 38.

SIR,

With reference to your letter (No.  $\frac{161}{93}$ ) of the 30th September (confidential), I have the honour to inform you that the medical equipment of the Force sent to Attabubu has been duly carried out in accordance with the wishes of His Excellency the Acting Governor.

2. Dr. Lenehan, Assistant Colonial Surgeon, was attached to the advance guard under Captain Aplin, and he had a dresser with him. I attach a summary of the medical equipment of his party, which left Accra on the 2nd instant.

3. With the 1st division of the main body, I did not provide a medical officer, as one was not considered necessary, but I sent a capable and willing dresser, and duly instructed him to look carefully after the men's feet and attend to all bruises and cuts. He was also supplied with a few simple medicines, such as Cough mixture, Diarrhoea mixture, Hospital Liniment, &c. This party left Accra on the 9th instant.

4. With the main body, under the immediate command of Colonel Sir Francis Scott, I sent Dr. Murray, Assistant Colonial Surgeon, with a Dispenser and a Dresser. I attach also a summary of his medical equipment, &c.

5. I instructed Dr. Murray, as the Senior Assistant Colonial Surgeon with the Force, to assume the medical direction of it, as Principal Medical Officer, when his party joins the advance guard. I enclose a copy of the written part of my instructions to him.

6. I had frequent communications with Sir Francis Scott, and I have endeavoured to the best of my ability to carry out his wishes to the fullest extent.

7. Dr. Lenehan received an advance of £20, and Dr. Murray an advance of £60. In deciding as to the number of their carriers, I have had every possible regard for economy without sacrificing efficiency.

8. The medical arrangements of the Expedition have all been carried out under my personal supervision, and I beg to record the able and willing assistance I have had from the Colonial Surveyor and from Mr. F. C. Lokko, of the Sanitary Department. And it is but right to add that the Storekeeper of the Medical Department gave me every satisfaction by the ready and cheerful manner in which he performed his duties.

I have, &c.,

(Sgd.) J. FARRELL EASMON, M.D.,

*Chief Medical Officer.*

THE HON'BLE

THE COLONIAL SECRETARY,

VICTORIABORG.

[163063]

APPENDIX 43.

RETURN OF MEDICAL EQUIPMENT OF THE EXPEDITION TO ATTABUBU UNDER THE COMMAND OF COLONEL SIR FRANCIS SCOTT, INSPECTOR GENERAL, GOLD COAST CONSTABULARY,  
OCTOBER, 1893.

Division of Force.	Medical Staff.	Equipment.				Carriers.				Remarks.
		Drugs and appliances.	Medical Comforts.	Special Service Stores.	Sanitary Stores.	Drugs and appliances.	Medical Comforts.	Special Service Stores.	Sanitary Stores.	Personal.
I. Advance Guard...	Dr. Lenehan ... ..	6 boxes	2 boxes	3 loads	{ 3 water buckets & demi-johns.	6	2	3	3	{ 8 hk. men 10 carriers 2 "
	Dresser, N.H.Lampzey	—	—	—	—	—	—	—	—	2 Medical Officers. 1 Dispenser. 3 Dressers. 24 Ambulance cases.
II. 1st Division of Main Body ... }	Dresser, E. N. Ashie	—	—	—	—	—	—	—	—	19 Special service loads. 15 Water buckets and demi-johns.
	Dr. Murray ... .. Dispr., E. H. Vanderpuye ... .. Dresser, N. S. Dodoo	10 boxes	5 boxes	16 loads	12 "	10	5	16	12	{ 8 hk. men 10 carriers 4 hk. men 3 carriers 2 "
										<i>Carriers.</i> Ambulance ... .. 24 Special service stores 19 Sanitary " 15 Hammockmen... .. 20 Personal carriers ... 29
										107

MEDICAL DEPARTMENT, V'BORG,  
12th October, 1893.

(Sgd.) J. FARRELL EASMON,  
Chief Medical Officer.



Duplicate.

## APPENDIX 44.

COLONIAL HOSPITAL,  
ACCRA,  
23rd April, 1894.

COPY.

SIR,

I have the honour to submit Medical Report of the Attabubu Expeditionary Force.

Return of Officers who have been on the sick list between October 11th, 1893, and April 3rd, 1894 :—

Capt. Lang, R.E., intermittent fever, October 17th and 18th, 1893.

„ „ intermittent fever and bron. catarrh, February 1st to 3rd.

Dr. Lenehan, A.C.S., intermittent fever, October 27th and 28th, and February 3rd to 5th.

Dr. Murray, A.C.S., intermittent fever, October 30th to November 3rd and November 17th.

Capt. Boisragon, intermittent fever, November 3rd to 6th.

„ „ ulcer foot, November 13th to 28th.

Col. Sir F. C. Scott, intermittent fever, November 6th and 7th, and occasional attacks of diarrhoea.

Capt. Mitchell, intermittent fever, December 12th to 15th, and January 9th to 12th.

Capt. Larymore, dyspepsia and debility, February, 1894.

Capt. Cramer, debility, January, 1894.

„ „ intermittent fever, March 23rd and 24th.

Capt. Houston, intermittent fever, March 21st to 23rd.

Mr. Clements, intermittent fever, December 13th, and January 11th to 13th.

N. O. Manzaojui, abscess, Nov., 1893.

It will be seen by the above list, which extends over a period of nearly six months, that the general health of the officers was very satisfactory, especially when considering the great hardships and privations undergone.

The general health of the Haussas was good.

Small-pox was exceedingly prevalent in the villages north of Abetifi, with the result that an outbreak of this disease occurred amongst the carriers in Attabubu, towards the end of December. Small-pox huts were erected outside the town, and the cases were at once isolated, all due precautions being taken to prevent the spreading of the disease. 199 carriers and 25 Haussas were vaccinated in Attabubu.

Total number of cases of small-pox from December 27th, 1893, to March 13th, 1894—48.

Total number of deaths :—Carriers, 12 ; Haussas, 1.

The Haussas did not contract this disease in the same proportion as the carriers, as most of them had either been previously vaccinated, or had undergone native inoculation.

Deaths from other diseases :—Carriers, 4 ; Haussas, 1.

I have, etc.,

(Sgd.) WALTER A. MURRAY,  
Asst.-Col. Surgeon.

THE CHIEF MEDICAL OFFICER,  
ACCRA.

